

ROUTING SLIP FOR INVOICES

DATE May 17, 2018

CONTRACTOR Caring to Love

CFMS 2000224936

MONTH OF SERVICE April 2018

TO LeBlanc

INITIAL REVIEW J

DATE 5/23/18

FSPS2 REVIEW

DATE

Program Manager 1/2 De

DATE 6/25/18

POSTED TO SPREADSHEET ✓

SENT TO FISCAL 6/27/18

EQUIPMENT TO BE TAGGED? no

ADVANCE RECOUPMENT? _____

COMMENTS:

~~NO~~
- .01¢ b/c math

late b/c more info. upstkd from
contractor 5/30/18 + 6/11/18, need 5/31 + 6/1 + 6/11
+ 6/20/18



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form

Received
MAY 17 2019
DCFS
Economic Stability

Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

April 2018

Service Period

2000 224936

Contractor/PO#

2000 224936-0418

Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY	APPROVED BUDGET	CURRENT PERIOD EXPENDITURES	PRIOR PERIOD EXPENDITURES	CUMMULATIVE EXPENDITURES	REMAINING CONTRACT BALANCE	COST SHARING
(A)	(B)	(C)	(D)	(E)	(F)	(G)
PERSONNEL	\$ 72,960.00	\$ 4,180.00	\$ 44,742.40	\$ 48,922.40	\$ 24,037.60	
FRINGE BENEFITS	\$ 10,309.44	\$ 418.71	\$ 6,732.43	\$ 7,151.20	\$ 3,158.24	
TRAVEL	\$ 1,080.00	\$ -	\$ 1,080.00	\$ 1,080.00	\$ -	
OPERATING SERVICES	\$ 60,370.56	\$ 1,674.95	\$ 43,140.99	\$ 44,815.94	\$ 15,554.62	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 7,375.00	\$ 66,893.75	\$ 74,268.75	\$ 19,931.25	
OTHER CHARGES	\$ 434,880.00	\$ 31,155.00	\$ 359,745.00	\$ 390,900.00	\$ 43,980.00	
EQUIPMENT/ACQUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 42,750.00	\$ 47,500.00	\$ 9,500.00	
TOTALS	\$ 730,800.00	\$ 49,553.71	\$ 565,084.57	\$ 614,638.29	\$ 116,161.71	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Dorothy Wallis, President/CEO
Signature of Authorized Contractor Representative and Title

5/11/2018
Date

FOR DCFS USE ONLY					
DCFS Invoice Number 224936 0418	Org	4274	Obj	3740	Rep Cat
					5071
					line 2
	Org		Obj		Rep Cat
					Sub Obj
					ACTV

Program Compliance Approval

I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received.

Signature and Title of Authorized DCFS Official

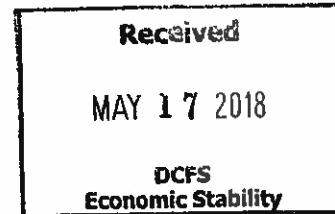
Jeannine LeBlanc 5/23/18
fringe recalculated

Life Choice Project

Coordinated Prenatal Care for
Louisiana's Pregnant Women

May 11, 2018

Department of Social Services
Office of Family Support
627 North 4th Street
5th Floor Cubicle 5-321
Baton Rouge, Louisiana 70802



RE: 2000224936 CTL Alternative to Abortion
March 2017-2018 Reimbursement Invoice

Dear Ms. Leblanc,

Please find attached, our April 2018 Cost Reimbursement Invoice, March 2018 supplemental invoice for media, for grant period 2017-2018 Alternative to Abortion Initiative ***along with the hard copy of the TANF Report for the month of April 2018.***

I'm following up on the approval to fill the Clerical position with Margaret Thompson.


The Home Prenatal Care Nurse (Kim Hardee) separated from the position effective 04/11/18. We are considering a candidate upon your approval to fill this position. Her name is Emily McCool, RN.

Please see our requested Budget Revision effective April 1, 2018, along with our new MTS totals, should the budget revision be approved. The MTS adjustments were made from April 2018 to June 2018.

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area.

If you have any questions, please feel free to contact me at any time.

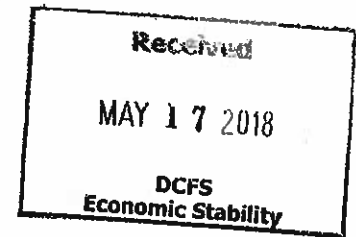
I remain,


Dorothy Wallis
Program Administration
Caring to Love Ministries

Life Choice Project

Coordinated Prenatal Care for
Louisiana's Pregnant Women

Delivery Confirmation



I, the undersigned, acknowledge receipt of the following:

- Letter to Ms. Jeanine Le Blanc
- One Copy
- Cover Letter
- Cost Reimbursement Invoices for April 2018
- Section A: Salary
- Section B: Fringe
 - FICA
 - LCTA – Worker Compensation
- Section C: Travel
- Section D: Operating Expenses
 - Cancelled Checks and Wire Transfers
- Section F: Professional services
 - Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers
- Section G: Other Charges – Coordinated Prenatal Care Services
 - Subcontractors' Front Page and Wire Transfer
- Section I: Indirect Costs- Project Administrative
 - Project Administrator Invoice, Time Study and Bank Statements (ACH)
- TANF –MOS Report April, 2018

Please sign and return via scanned or email to dwallis@ctlm.org

Thank You,

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries
SERVICE PROVIDED: Abortion Alternative-Statewide.

ADDRESS 3813 N. Flannery Rd.
Baton Rouge, LA 70814

CONTACT PERSON: Dorothy Wallis
TITLE: President/CEO

REPORT CATEGORY # 5071
P. O. # 2000 224936
GRS ORG CODE # 4274
OBJECT CODE 3740
INVOICE # 2000224936-0418
PHONE # 225-273-1124

MONTH & YEAR April 2018
PARISH SERVED: Statewide

CUMM PREVIOUS 1st MONTH PARTICIPANTS 1670
1st MONTH PARTICIPANTS SERVED THIS MONTH: 208
CUMMULATIVE 1st MONTH PARTICIPANTS 1878

SECTION A-SALARY

Services Coordinator		0.00		
Home Prenatal Care Nurse	Kim Hardee	1,600.00		
Home Prenatal Care Educator	J Monic Adams	980.00		
Clerical Support Specialist	Margaret Thompson	1,600.00		
	TOTAL SALARIES-Direct Svcs		4,180.00	4,180.00

SECTION B - FRINGE

Insurance	Direct Services	0.00		
FICA	Direct Services	319.77		
Worker's Compensation	Direct Services	99.00		
	TOTAL FRINGES-Direct Svcs		418.77	418.77

SECTION C - TRAVEL

Travel	Direct Services	0.00		
	TOTAL TRAVEL-Direct Svcs		0.00	0.00

SECTION D - OPERATING EXPENSES

Printing	Direct Services	337.95		
Printing	Direct Services	0.00		
Office Supplies	Direct Services	0.00		
Copy Machine	Direct Services	250.00		
Internet Service	Direct Services	195.00		
Media	Direct Services	0.00		
Website	Direct Services	17.00		
KNOWforSURE	Direct Services	875.00		
	TOTAL OPERATING EXPENSES FOR MONTH		1,674.95	1,674.95

**LIFE CHOICE PROJECT
PROVIDER REQUEST FOR PAYMENT
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

SECTION F - PROFESSIONAL

Accounting Services	Vickie Davis	2,200.00
Performance Improvement Coord	Garcia Bodley	1,200.00
Public Relations/Media Coord	Randy Rice	700.00
Webmaster/Info Tech Cons.	Kathleen Benfield	0.00
Information Technology Cons.	Turnkey	250.00
Auditor Services	Michael Choate, CPA JHam/Rita	875.00
Professional Technical Svc	Michelle/Emily/Alexis	<u>2,150.00</u>

TOTAL PROFESSIONAL	7,375.00	7,375.00
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SECTION G-OTHER CHARGES

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	208	2,080.00
Positive Pregnancy Test	\$ 10.00	224	2,240.00
Negative Pregnancy Test	\$ 10.00	48	480.00
Abstinence Education	\$ 30.00	48	1,440.00
Counseling	\$ 40.00	235	9,400.00
Referral Services	\$ 10.00	100	1,000.00
Health Risk Assessment	\$ 30.00	-	0.00
Care Plan Development	\$ 30.00	160	4,800.00
On-going Care	\$ 30.00	113	3,390.00
Family Support Services	\$ 40.00	45	1,800.00
Home Outreach Support Services	\$ 75.00	39	2,925.00
Birth Outcome Confirmation	\$ 40.00	40	1,600.00
TOTAL OTHER CHARGES			<u>31,155.00</u>

SECTION I - INDIRECT COST

Project Administrator	Dorothy Wallis	4,500.00
Health Insurance		<u>250.00</u>
TOTAL INDIRECT COST		4,750.00

TOTAL INVOICE	<u>\$ 49,553.72</u>
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Authorized Signature per Dorothy Wallis

Project Administrator	<u>5/11/2018</u> Date
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OFS Approval

Telephone Number	<u>5/11/2018</u> Date
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*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO: OM&F FISCAL
PAYMENT MANAGEMENT/CONTRACTS
PO BOX 3927
BATON ROUGE, LOUISIANA

P.O.# 200 224936 - 0418
ACH Transfer Detail Grid for April 2018

Section	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proof of Electronic Bank Statement	Ba Pa
C	Operating Expense	Travel	Care Pregnancy Ctr	n/a	n/a	Gulf Coast Bank & Tst	5-
D	Operating Expense	Printing	Randy Rice & Assoc	n/a	n/a	Gulf Coast Bank & Tst	5-
D	Operating Expense	Office Supplies	Restoration Pregnancy	n/a	n/a	Gulf Coast Bank & Tst	5-
D	Operating Expense	Office Supplies	Access/Catholic Charities	n/a	n/a	Gulf Coast Bank & Tst	5-
D	Operating Expense	Office Supplies	A Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5-
D	Operating Expense	Office Supplies	Women's Resource Ctr	n/a	n/a	Gulf Coast Bank & Tst	5-
D	Operating Expense	Office Supplies	Care Pregnancy Center	n/a	n/a	Gulf Coast Bank & Tst	5-
D	Operating Expense	Office Supplies	CPC-Gonzales	n/a	n/a	Gulf Coast Bank & Tst	5-
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5-
D	Operating Expense	Knowforsure	Sources for Women	30	31	Gulf Coast Bank & Tst	5-
F	Professional	Accounting Services	Direct Mailing-Vickie Davis	33-34	35	Gulf Coast Bank & Tst	5-
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	36	37	Gulf Coast Bank & Tst	5-
F	Professional	Public Relations	Randy Rice & Assoc	38	39	Gulf Coast Bank & Tst	5-
F	Professional	Webmaster	Kathleen Benefield	n/a	n/a	Gulf Coast Bank & Tst	5-
F	Professional	Prof Tech Svc	Jennifer Ham	44	45	Gulf Coast Bank & Tst	5-
F	Professional	Prof Tech Svd	Sanaretha Gray	46	47	Gulf Coast Bank & Tst	5-
F	Professional	Prof Tech Svs	Michelle Dyess	48	49	Gulf Coast Bank & Tst	5-
F	Professional	Prof Tech Svc	Emily Ilgenfritz	50	51	Gulf Coast Bank & Tst	5-
F	Professional	Prof Tech Svc	Alexis Farrugia	52	53	Gulf Coast Bank & Tst	5-
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	56	58	Gulf Coast Bank & Tst	5-
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	59	61	Gulf Coast Bank & Tst	5-
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	62	64	Gulf Coast Bank & Tst	5-
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	65	67	Gulf Coast Bank & Tst	5-
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	68	70	Gulf Coast Bank & Tst	5-
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	71	73	Gulf Coast Bank & Tst	5-
G	Coor Prenatal Care Serv	Sub-contractor	CPC-RV	74	76	Gulf Coast Bank & Tst	5-
I	Indirect cost	Project Administrator	Dorothy Wallis	78	79	Gulf Coast Bank & Tst	5-



Gulf Coast Bank and Trust Company LCP CHECKING 6649

Last Updated: 5/11/2018 9:10 AM

\$314.06
 Available Balance

Start Date **End Date** **Transaction Type**

5/1/2018



to

5/11/2018

**Min Amount****Max Amount****Check #**

\$0.00 to

\$0.00

to

Apply Filters**Reset**

ACH Pg #

Date	Description	Amount
MAY 10 2018	CPC April 2018	58 (\$12,660.00)
MAY 10 2018	APC April 2018	64 (\$9,010.00)
MAY 10 2018	WRC April 2018	61 (\$3,390.00)
MAY 10 2018	Restoration-April 2018	70 (\$3,080.00)
MAY 10 2018	CPC-Gonzales April 2018	73 (\$1,555.00)
MAY 10 2018	CPC-Mobile RV April 2018	76 (\$790.00)
MAY 10 2018	Access Catholic-April 2018	67 (\$670.00)
MAY 10 2018	Restoration Mar18 Supp 2nd Payment	(\$170.00)
MAY 9 2018	Check - 1145	(\$337.95)

5

ACH Pg #

MAY 9 2018	A Farrugia-April 2018	53	(\$500.00)
MAY 9 2018	S Gray-April 2018	47	(\$250.00)
MAY 9 2018	E Ilgenfritz-April 2018	51	(\$150.00)
MAY 9 2018	TMS Transfer from DDA#100637305 per Dorothy Wallis		+ \$500.00
MAY 8 2018	☒ Check - 1144		(\$875.00)
MAY 8 2018	D Wallis-April 2018	79	(\$4,500.00)
MAY 8 2018	April 2018 DMS	35	(\$2,200.00)
MAY 8 2018	April 2018 Resources4Comm	37	(\$1,200.00)
MAY 8 2018	April 2018 JHam	45	(\$1,000.00)
MAY 8 2018	April 2018 SFW	31	(\$875.00)
MAY 8 2018	April 2018 Randy Rice	39	(\$700.00)
MAY 8 2018	M Dyess-April 2018	49	(\$250.00)
MAY 2 2018	CPC Mar18 Supplemental		(\$3,390.00)
MAY 2 2018	March 2018 Media		(\$2,667.00)
MAY 2 2018	APC March 2018 Supplemental		(\$2,420.00)
MAY 2 2018	Restoration Mar18 Supplemental		(\$640.00)
MAY 2 2018	Access-Catholic-Mar18 Supplemental		(\$590.00)

MAY 2 2018	WRC March 2018 Suppl	(\$580.00)
MAY 2 2018	CPC Gonzales-Mar18 Supplemental	(\$310.00)
MAY 1 2018	☒ Check - 1143	(\$6,545.12)
MAY 1 2018	☒ Check - 1140	(\$2,568.95)

PO# 2000 224936

SECTION A

SALARY

9:27 PM

04/30/18

Caring To Love Ministries
LCP Payroll Summary

April 2018

		ms, Jashonda M	Hardee, Kim A	Thompson, Margare...	TOTAL
Employer	0 • C				
Gro					
C		1,800.00	1,701.34	1,900.00	5,401.34
Total	1 • 600 • x	1,800.00	1,701.34	1,900.00	5,401.34
Ded	7 • 65 %				
t		0.00	-226.11	0.00	-226.11
Total	122 • 40 *	0.00	-226.11	0.00	-226.11
Adjust	0 • C	1,800.00	1,475.23	1,900.00	5,175.23
Taxes					
Fed		0.00	-110.00	-134.00	-244.00
Med	1 • 600 • x	-26.10	-24.67	-27.55	-78.32
Soc		-111.60	-105.49	-117.80	-334.89
LA	2 • 36843 %	-40.08	-39.72	-47.48	-127.28
Me	37 • 89 *	0.00	0.00	0.00	0.00
Total		-177.78	-279.88	-326.83	-784.49
Net Pay	0 • C	1,622.22	1,195.35	1,573.17	4,390.74
Employee					
Medic	122 • 40 +	26.10	24.67	27.55	78.32
Socia		111.60	105.49	117.80	334.89
Total En	37 • 89 +				
	160 • 29 *	137.70	130.16	145.36	413.21

0 • C

Po	980 • x					
	7 • 65 %					
	74 • 97 *					
Se						
Cc	0 • C	-	-	-	-	-
Hi	980 • x					
Cc	2 • 36843 %	1,600.00	-	122.40	37.89	1,760.29
	23 • 21 *					
Hi						
Cc	0 • C	980.00		74.97	23.21	1,078.18
Cl						
Si	74 • 97 +	1,600.00		122.40	37.90	1,760.30
	23 • 21 +					
Ti	98 • 18 *	4,180.00	-	319.77	99.00	4,598.77

0 • C Projected amount per our Budget Narrative. The Total Fringe is reflected.

PO # 2000 224936-0418 Sec A - Personnel - Home Prenatal Nurse Page 2 of 2

Transactions Details

Posting Date	04/06/2018
Transaction Date	04/06/2018
Description	DDA CHECK 0000009521
Transaction Type	Debit
T/C	0077
Amount	\$597.35
Balance	\$7,468.34

Front

Back

ORIGINAL DOCUMENT PRINTED ON CHEMICAL RESISTANT PAPER WITH EMbossED SECURITY

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

BATON ROUGE, LOUISIANA
 84-156254
 4/5/18

9521

PAY TO THE ORDER OF Kim A Hardee \$ **597.35**

Five Hundred Ninety-Seven and 35/100 DOLLARS

Kim A Hardee
 15947 Haynes Bluff Ave
 Baton Rouge, LA 70817

VOID AFTER 60 DAYS
 STAR ACCOUNT

Nancy Walker
 AUTHORIZED SIGNATURE

MEMO
 Pay Period: 03/16/18 - 03/31/18

⑈009521⑈ ⑆065400153⑆

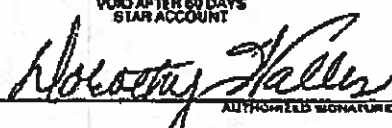
SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

Transactions Details

Posting Date	04/26/2018
Transaction Date	04/26/2018
Description	DDA CHECK 0000009535
Transaction Type	Debit
T/C	0077
Amount	\$598.00
Balance	\$3,039.82

Back

CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		9535 BATON ROUGE, LOUISIANA 84-15-854 4/20/18
PAY TO THE ORDER OF <u>Kim A Hardee</u>		\$**598.00
Five Hundred Ninety-Eight and 00/100		DOLLARS
Kim A Hardee 15947 Haynes Bluff Ave Baton Rouge, LA 70817		VOID AFTER 60 DAYS STAR ACCOUNT  AUTHORIZED SIGNATURE
MEMO Pay Period: 04/01/18 - 04/15/18		
⑈009535⑈ ⑆065400153⑆		

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

Transactions Details

Posting Date	04/06/2018
Transaction Date	04/06/2018
Description	DDA CHECK 0000009517
Transaction Type	Debit
T/C	0077
Amount	\$811.11
Balance	\$8,065.69

Front	Back
-------	------

ORIGINAL DOCUMENT (FIELD ON CHECK) IS VOID IF PAID WITH MICROPRINTED IMAGE

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

WEDNESDAY BATON ROUGE, LOUISIANA
 04-18/554 4/5/18

9517

PAY TO THE ORDER OF Jashonda Monic Adams \$ **811.11**

Eight Hundred Eleven and 11/100 DOLLARS

Jashonda Monic Adams
 11625 Sherwood Valley Ct
 Baton Rouge, LA 70816

VOID AFTER 60 DAYS
 STAR ACCOUNT

[Signature]
 AUTHORIZED SIGNATURE

MEMO Pay Period: 03/16/18 - 03/31/18

#009517# 0065400153#

SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

12

Transactions Details

Posting Date	04/23/2018
Transaction Date	04/23/2018
Description	DDA CHECK 0000009531
Transaction Type	Debit
T/C	0077
Amount	\$811.11
Balance	\$8,679.24

Front	Back
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NO POST REQUIRED. PRINTED ON SECURED PAPER. MICR LINE IS REPRODUCED ON REVERSE.

CARING TO LOVE MINISTRIES
STAR ACCOUNT
 3813 N. FLANNERY ROAD
 BATON ROUGE, LOUISIANA 70814
 (225) 273-1124

9531

4/20/18

PAY TO THE ORDER OF Jashonda Monic Adams **\$ 811.11**

Eight Hundred Eleven and 11/100 DOLLARS

Jashonda Monic Adams
 11625 Sherwood Valley Ct
 Baton Rouge, LA 70816

VOID AFTER 60 DAYS
STAR ACCOUNT

[Signature]
 AUTHORIZED SIGNATURE

MEMO Pay Period: 04/01/18 - 04/15/18

⑈009531⑈ ⑆065400153⑆


SECTION A-PERSONNEL SERVICES-Home Prenatal Care Educator

LCP Budget to reimburse CTLM = \$980.00 for month

Transactions Details

Posting Date	04/06/2018
Transaction Date	04/06/2018
Description	TELLER CASHED DEBIT 0000009526
Transaction Type	Debit
T/C	0040
Amount	\$786.58
Balance	\$8,876.80

Front	Back
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CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		9526 4/5/18
PAY TO THE ORDER OF <u>Margaret B Thompson</u>		\$786.58
Seven Hundred Eighty-Six and 58/100		DOLLARS
Margaret B Thompson 383 Rivercrest Ave Baton Rouge, LA 70807		VOID AFTER 60 DAYS STAR ACCOUNT  AUTHORIZED SIGNATURE
MEMO Pay Period: 03/18/18 - 03/31/18		
009526 0065400153		

SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

LCP Budget to reimburse CTLM = \$1600.00 for month

Transactions Details

Posting Date	04/23/2018
Transaction Date	04/23/2018
Description	TELLER CASHED DEBIT 0000009540
Transaction Type	Debit
T/C	0040
Amount	\$786.59
Balance	\$9,650.89

Front	Back
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CARING TO LOVE MINISTRIES STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (228) 273-1124		BATON ROUGE, LOUISIANA 4/20/18 9540
PAY TO THE ORDER OF Margaret B Thompson	\$ **786.59	
Seven Hundred Eighty-Six and 59/100 *****		
DOLLARS		
Margaret B Thompson 383 Rivercrest Ave Baton Rouge, LA 70807		VOID AFTER 60 DAYS STAR ACCOUNT AUTHORIZED SIGNATURE
MEMO Pay Period: 04/01/18 - 04/15/18		
⑈009540⑈ ⑆065400153⑆		

SECTION A-PERSONNEL SERVICES-Clerical Support Specialist

LCP Budget to reimburse CTLM = \$1600.00 for month

PO# 2000 224936

SECTION B

FRINGES

 					
Electronic Federal Tax Payment System					
HOME	ENROLLMENT	MY PROFILE	PAYMENTS	HELP & INFORMATION	CONTACT US
					LOGOUT

TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxxx7636

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270852874844666
------------------------------------	------------------------

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx7636
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q2/2018
Payment Amount	\$3,019.46
Settlement Date	05/08/2018
Subcategories:	
1 Social Security	\$2,001.40
2 Medicare	\$468.06
3 Tax Withholding	\$550.00
Account Number	xxxxx8585
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

[Home](#)
[Enrollment](#)
[My Profile](#)
[Payments](#)
[Help & Information](#)
[Contact Us](#)
[Logout](#)

[USA.gov](#)
[IRS.gov](#)
[Treasury.gov](#)

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PO# 2000 224936-0418

Section A-Fringes-Fica

Page 1 of 1

LCP Budget to reimburse CTLM = \$319.77 for month

PO# 2000 224936-0418

Section 1 - Fringes Workers' Comp



LCTA CASUALTY INSURANCE COMPANY CTLM

SELF-REPORTING WORKSHEET

Workman's Comp Life Choice \$ 99.00 Section B

\$134.00

Total= \$233.00

Page 1 of 2 118
Print Date: 4/26/2018

Care Pregnancy Clinic
Caring to Love Ministries Inc
3813 N Flannery
Baton Rouge, LA 70814

Agent: 576
Ozark South Central Insurance
(225)775-7614
Carrier Policy #: WC-1-019438-118
Rating State: LA
Payment Due: 5/15/2018

Policy No.: 001000019438118

Division: 0

Policy period: 1/01/2018 - 1/01/2019
Reporting Period: 4/01/2018 - 4/30/2018

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noc	11,474.89	.29	33.28
8864	Social Svcs Org-All Employees	7,556.34	2.58	194.95
Life Choice = \$ 99.00 CTLM = \$134.00 TOTAL = \$233.00				
**** If no payrolls, report "none" ****				
Discounts included in lines (9) (13):		(6) Total Manual Premium 228.23		
		(7) Increased Limits .000% +		
		(8) Subtotal = 228.23		
		(9) Discount factor before modifier x 1.000		
		(10) Subtotal = 228.23		
		(11) Experience Modifier x		
Months not reported:		(12) Subtotal = 228.23		
		(13) Discount factor after modifier x 1.000		
		(14) Total Premium Due = 228.23		
Make check payable to: LCTA Casualty Insurance Company PO Box 86510 Baton Rouge, LA 70879-6510		(15) Deduct cents to round 2.23		
		(16) +		
		(17) Previous Balance + .00		
		(18) Total Due = 228.00		

For billing inquiries, call: PREMIUM ACCT 225-242-4443

Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature: Vickie Davis

Title: Accountant

Date: 5/2/18

18

Copy of payment receipt from LCTA CASUALTY INSURANCE COMPANY

QuickBooks Payments <BusinessServices@notification.intuit.com>

Thu 5/3/2018 3:50 PM

To: luv luv <luv@ctlm.org>;

Below is the sales receipt provided to you by LCTA CASUALTY INSURANCE COMPANY

Transaction Receipt			
Transaction Type	Sale	Amount:	\$233.00
Name:	Care Pregnancy - 19438	Date & Time:	05/03/2018 - 13:49 PDT
Check Information			
Account No.:	*****69	Account type:	Checking
Routing No.:	*****153		
Payment ID			
Authorization Code:	584-892	Transaction ID:	aj1on7m9

Thank you for your order,
LCTA CASUALTY INSURANCE COMPANY

LCTAACCOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA CASUALTY INSURANCE COMPANY to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$233.00 on or after 05/03/2018 - 13:49 PDT . If you have any questions about this payment or your authorization, you may contact LCTA CASUALTY INSURANCE COMPANY at LCTAACCOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

PO# 2000 224936-0418

Section B-Fringes-Worker's Comp

Page 2 of 2

SECTION 1-FRINGES-Worker's Comp

LCP Budget to reimburse CTLM = \$99.00 for month

PO# 2000 224936

SECTION D

OPERATING EXPENSES

0 • C

0 • C

163 • 95 +

174 • 00 +

337 • 95 *

0 • C

337 • 95 +

250 • 00 +

195 • 00 +

17 • 00 +

875 • 00 +

1 • 674 • 95 *

0 • C

Ad America[★]

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
4/1/2018	226676

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95
PO# 2000 224936-0418		Page 1 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = $163.95 + 174.00 = 337.95$ for Ad America		Total	\$163.95

Why is there
a monthly
maintenance
charge?



Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
4/1/2018	226675

Bill To
Caring to Love Ministries Life Choice Project Dorothy Wallis 3813 North Flannery Road Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
PO# 2000 224936-0418		Page 2 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = $163.95 + 174.00 = 337.95$ for Ad America		Total	\$174.00

Transactions Details

Posting Date	04/11/2018
Transaction Date	04/11/2018
Description	DDA CHECK 0000017896
Transaction Type	Debit
T/C	0077
Amount	\$337.95
Balance	\$16,027.52

Front

Back

CARING TO LOVE MINISTRIES OPERATING ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1124		BATON ROUGE, LOUISIANA 44-184684 4/2/18	17896
PAY TO THE ORDER OF Ad America		\$ 337.95	
Three Hundred Thirty-Seven and 95/100			DOLLARS
Ad America 18308 Wickham Rd, Ste B Olney, MD 20832		VOID AFTER 60 DAYS OPERATING ACCOUNT <i>[Signature]</i> AUTHORIZED SIGNATURE	MEMO PO 17896 0065400153

PO# 2000 224936-0418

Page 3 of 3

SECTION D-Operating Expense-Printing

LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America

where is
the back of
the check?



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

CARE PREGNANCY CLINIC
ATTN AP
3813 N FLANNERY RD
BATON ROUGE LA 70814-8002

*Is this a
rental or lease?*

REMITTANCE SECTION

Invoice Number: 58976707
Due Date: 05/15/2018
Due This Period: \$555.75

Amount Enclosed: \$ _____

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602



2100000589767070000555756

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number: 25427116
Invoice Number: 58976707
Account Number: 854059
Site Number: 3951293
Invoice Date: 04/21/2018
Period of Performance: 04/15/2018-05/14/2018
Due This Period: \$555.75

Visit www.lesseedirect.com

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
PO# 2000 224936-0418	Page 2 of 2				\$0.00
Total Amount Due					\$555.75

(Please Print Name of Operating Expense-Copy Machine)

ASSET DETAILS reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25427116	CFKF68481		TOSHIBA / ES3505AC	25427116_1				\$294.56	\$29.46	\$324.02
Asset Location:	3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States									
25427116	DRL28209		CANON / IR1025F	25427116_3				\$27.75	\$2.78	\$30.53
Asset Location:	3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States									
25427116	HRP09882		CANON / IRA4035	25427116_2				\$158.58	\$15.86	\$174.44
Asset Location:	3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States									
PO# 2000 224936-0418	Page 1 of 2				Asset Amount Total:		\$528.99			

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

Confirmation

Thank You! Your payment has been made.

CARE PREGNANCY CLINIC

ATTN A P
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Payment Date	5/01/2018
Payment Method	CTLM Operating WHITNEY BANK *****6569
Total Payment	\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Monday, April 30, 2018 12:00 PM ET will be posted on Monday, April 30, 2018. Payments confirmed after Monday, April 30, 2018 12:00 PM ET will be posted on Tuesday, May 01, 2018.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220 .

Confirmation #	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3106386276	854059-3951293	4/21/2018	58976707	5/15/2018	\$555.75	\$555.75

PO# 2000 224936-0418

Page 2 of 2

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.



AT&T

CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page 1 of 2
Account Number 171-800-0934 001
Billing Date Apr 19, 2018
Questions? 1 800 358-1111
Web Site att.com
Invoice 7557182406
AT&T Tax ID 13-4924710

Invoice

*This page
Does not
show other
charges*

Bill-At-A-Glance

Previous Bill	722.46
Payment - Thank You!	722.46CR
Adjustments	.00
Balance	.00
Current Charges	721.03
Total Amount Due	\$721.03
Payment Due Date	May 19, 2018

Billing Summary

Questions? Call: 1 800 358-1111
Online: www.businessdirect.att.com

AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge
Sub-Account #829-000-2551 191 686.53
Sub-Account #831-000-6867 906 34.50
Total Group #000001 721.03
Total Current Charges 721.03

News You Can Use

News You Can Use

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

News You Can Use

ACCOUNT STATUS - Continued

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

REGULATORY NEWS

****Important News About Your Account****

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

http://serviceguide.att.com/service/library/business/ext/state_tariff_buss.cfm

Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at: <http://www.att.com/business/agreement>. Important limits of liability apply, including: AT&T is not liable for indirect or consequential damages (such as your lost profits or other economic loss), and direct damages during any 12 months cannot exceed one month of your payments for affected service.

Additional terms, conditions, charges, penalties, and price change

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

Return bottom portion with your check in the enclosed envelope.

27

Jeanine M. LeBlanc

From: BECERRA, ROBERT R <rb6542@att.com>
Sent: Thursday, May 31, 2018 4:12 PM
To: luv luv
Cc: Dorothy Wallis
Subject: RE: Business Direct access needed
Attachments: May 19 2018.pdf

Vickie,
Attached is the invoice copy you requested. I will also forward your request for Business Direct to Sandler Partners who was the sales lead of your circuit.

Thanks,
Robert

Robert Becerra

Technical Sales Consultant II

Alliance Channel, National Business Markets

AT&T

2700 Watt Avenue, Rm 2302, Sacramento, CA 95691 | Collaborate 916.830.1544 | Office 916.972.5689 |
rb6542@att.com

MOBILIZING YOUR WORLD

"NOTICE:

This message contains information which may be confidential. Unless you are the addressee (or authorized to receive for the addressee), you may not use, copy, re-transmit, or disclose to anyone this message or any information contented therein. If you have received the message in error, please advise the sender by reply email rb6542@att.com and delete the message. Thank you very much."

From: luv luv <luv@ctlm.org>
Sent: Thursday, May 31, 2018 2:11 PM
To: BECERRA, ROBERT R <rb6542@att.com>
Cc: Dorothy Wallis <dwallis@ctlm.org>
Subject: Business Direct access needed

Can you send me our current invoice 5/19/18 for 691.50.

Thank you,

Vickie

Acct # 171-800-0934-001

Vickie Davis

Accountant

Caring To Love Ministries, Inc.



CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page 1 of 4
Account Number 171-800-0934 001
Billing Date May 19, 2018
Questions? 1 800 358-1111
Web Site att.com
Invoice 4491441401
AT&T Tax ID 13-4924710

Invoice

Bill-At-A-Glance

Previous Bill	721.03
Payment - Thank You!	721.03CR
Adjustments	.00
Balance	.00
Current Charges	691.50
Total Amount Due	\$691.50
Payment Due Date	Jun 18, 2018

Billing Summary

Questions?
Call: 1 800 358-1111
Online: www.businessdirect.att.com

AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	656.96
Sub-Account #831-000-6887 906	34.54
Total Group #000001	691.50
Total Current Charges	691.50

Current Charges

Group #000001 3813 Flannery Rd Baton Rouge	
Sub-Account #829-000-2551 191	
Fiber Broadband	
Recurring Charges:	
May 18, 2018 thru May 18, 2018	
1. Fiber Broadband Bundle 10M/23CC	587.50
ABN Fiber Broadband Discount 662.50CR	
Total Fiber Broadband	587.50
Surcharges and Other Fees	
2. Universal Connectivity Charge - Interstate	22.76
3. Administrative Expense Fee - Interstate	1.53
4. Property Tax Allotment - Interstate	4.21
5. Federal Regulatory Fee - Interstate	5.89
6. Federal Access Recovery Fee	8.65
7. LA UNIVERSAL SERVICE FEE	3.46
Total Surcharges and Other Fees	46.50

Group #000001 3813 Flannery Rd Baton Rouge - Continued

Taxes	
State:	
8. LA/LOUISIANA	22.96
Total Taxes	22.96
Total Sub-Account #829-000-2551 191	656.96
Sub-Account #831-000-6887 906	
Charges for Subscriber/Router ID 0000628461	
3813 N FLANNERY RD	
BATON ROUGE, LA 70814	
Voice Over IP	
One Time Charges:	
9. International ONNet Charge	.03
Qty: .50 Items	
Total Voice Over IP	.03
Surcharges and Other Fees	
10. Universal Connectivity Charge - Interstate	.01
Total Surcharges and Other Fees	.01
Taxes	
County:	
11. LA/LOCAL 911 CHARGE	34.50
Total Taxes	34.50
Total Subscriber/Router ID 0000628461	34.54
Total Sub-Account #831-000-6887 906	34.54
Total Group #000001	691.50
Total Current Charges	691.50

News You Can Use

News You Can Use

ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service where delinquency has caused an interruption. This fee will be applicable to each account that is being restored and will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your

Return bottom portion with your check in the enclosed envelope.

DUE BY: Jun 18, 2018 \$691.50



Billing Date May 19, 2018

Account Number **171-800-0934 001**
Please include your account number on your check

Make checks payable to:

AT&T
P.O. Box 5019
Carol Stream, IL 60197-5019

CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814



17180009340014471441401088200000006915000000691500



CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page	2 of 4
Account Number	171-800-0934 001
Billing Date	May 18, 2018
Questions?	1 800 358-1111
Web Site	att.com

News You Can Use

News You Can Use

ACCOUNT STATUS - Continued payment

JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

REGULATORY NEWS

****Important News About Your Account****

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

http://serviceguide.att.com/service/library/business/ext/state_tariff_buss.cfm

Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

Attention Customers:

Having trouble using the telephone? Phone your family, friends or vital services even if you have a hearing, speech or physical disability.

Telecommunications Relay Service (TRS) provides free and full telephone accessibility to anyone who is hard of hearing, deaf or speech disabled. To make a relay call, dial 711 and request to be connected through TCA.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at: <http://www.att.com/business/agreement>. Important limits of liability apply, including: AT&T is not liable for indirect or consequential damages (such as your lost profits or other economic loss), and direct damages during any 12 months cannot exceed one month of your payments for affected service.

Additional terms, conditions, charges, penalties, and price change information for all detariffed business services can be viewed at <http://www.att.com/serviceguide/business>. If you do not have access to

News You Can Use

REGULATORY NEWS - Continued
the Internet, please contact your AT&T Sales Representative or Customer Care Center for information.

Federal regulation requires AT&T to inform our valued customers that basic local services will not be disconnected for the non-payment of non-regulated service charges. To avoid collection activity, please remember to pay all charges by the due date.

In addition, you may experience disconnection of your basic local service if payment is not received for the Long Distance portion of your bill except in the following states: Alabama, Arizona, California, Colorado, Hawaii, Idaho, Indiana, Iowa, Maryland, Michigan, Minnesota, Missouri, New Mexico, New York, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington.

Connecticut Customers only: You may experience disconnection of your basic local service for the non-payment of Dial Tone and Directory Listing charges on your bill.

Attention Louisiana Customers:

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

Attention Valued AT&T Customers:

If your invoice includes any back-billed charges, you have the right to pay these charges in full with your regular bill, or to call AT&T to make reasonable payment arrangements. You may choose to pay the back-billed amount in monthly installments equal to the number of back-billed months. Please take note that you must pay the full amount of your phone bill each month, including installments to repay back-billed charges, in order to avoid possible disconnection and other charges and penalties. If you are interested in using this payment method for any back-billed amount, please call AT&T on the toll-free number located on your bill.

DO NOT CALL

If your business makes outbound telephone solicitations, you must comply with federal do-not-call laws and regulations (47 C.F.R. 64.1200 and 16 C.F.R. 310) and any applicable state laws.

Attention Louisiana, New Mexico, Indiana, Montana, Connecticut, Washington and Virginia Customers:

Basic local service and other regulated services will not be disconnected for the non-payment of charges for non-regulated services. Non-regulated charges include Wireless, DSL, Internet Access, inside wire maintenance plan and other fees, surcharges, and taxes.

From time to time, AT&T may change the names of services, Service Capabilities, or Service Components, or other terminology. The old terminology may remain in use for some time after such changes (such as in contract documents and billing records). For example, your customer bill and other customer documents may refer to Private Line Service (PLS) as Accunet, and may refer to DSU service as Accunet Spectrum or Digital Services (ASDS) or Single Channel Service. Should you have any questions about the service name appearing on your bill, please refer to the "Table of Changed Terminology" located in the AT&T Service Guides and applicable state tariffs.



CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page	3 of 4
Account Number	171-800-0934 001
Billing Date	May 19, 2018
Questions?	1 800 358-1111
Web Site	att.com

News You Can Use

News You Can Use

REGULATORY NEWS - Continued Attention Valued AT&T Customers:

Federal regulation requires AT&T to inform our valued customers that basic local services will not be disconnected for the non-payment of your non-regulated service charges. To avoid collection activity, please remember to pay all charges by the due date.

In addition, you may experience disconnection of your basic local service if payment is not received for the Long Distance portion of your bill except in the following states of: Alabama, Arizona, California, Colorado, Hawaii, Idaho, Indiana, Iowa, Maryland, Michigan, Minnesota, Missouri, New Mexico, New York, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington, and the District of Columbia.

Attention Customers:

If you do not pay your bill by the date it is due, AT&T may assess a late payment charge. The rate shall be 1.5% per month (18% annually) unless an applicable law or regulation specifies a lower rate to be charged, and then that lower rate shall apply. Alternatively, a minimum late payment charge of \$5.00 may be assessed if permitted by applicable law or regulation. In Maine, the monthly rate for 2017 is 0.99%. In Massachusetts, the monthly rate for 2017 is 0.83%, effective 2/1/2017.

Attention Customers with Service in All States, Except AK, IN, NY, PA, TX and VA:

AT&T intrastate, interstate, and international services are provided by AT&T Corp. To view service publications, go to <http://www.att.com/servicepublications> and click on Service Guides and/or Tariffs.

Thank You For Choosing AT&T Where Every Customer Counts!



CARING TO LOVE MINISTRIES
INC
3813 N FLANNERY RD
BATON ROUGE, LA 70814

Page	4 of 4
Account Number	171-800-0934 001
Billing Date	May 19, 2018
Questions?	1 800 358-1111
Web Site	att.com

Page Intentionally Left Blank

5/2/2018

PO# 2000 224936-0418 Section D-Operating Exp-Internet \$195.00

Page 3 of 3



vickiebdavis@gmail.com

Authenticated by att.com Valid Signature

From: g45809@att.com
 To: vickiebdavis@gmail.com
 Sent: May 2, 2018 6:06:51 PM EDT
 Subject: RE: I need to make a payment on our ATT Business Account asap

Make a Payment

Account: **1718000934001**
 Bill Name: **CARING TO LOVE MINISTRIES**

Step 4 of 4: Payment Submitted

Thank you. Successful payments have been submitted and will be included in your Account Balance 1-2 business days after the payment dates.

Note: If your services have been or are scheduled to be turned off for non-payment, this payment may not prevent collection activity on your account.

Payment Method	Confirmation	Payment Date	Amount
Visa ...9391 Dorothy Wallis ...9391 Exp. 12/2019	STN7CSR1Z085Y13	05/02/18	\$721.03

Invoice Number	Invoice Amount	Invoice Current Charges	Payment Amount
7557182406	721.03	721.03	721.03

Sincerely,

Damon Sandness
 MERK Escalation Team

AT&T Services, Inc.
 901 Marquette Suite 800
 Minneapolis, MN 55401
 866-502-9421/ds565d@att.com

"This e-mail and any files transmitted with it are AT&T property, are confidential, and are intended solely for the use of the individual or entity to whom this email is addressed. If you are not one of the named recipient(s) or otherwise have reason to believe that you have received this message in error, please notify the sender and delete this message immediately from your computer. Any other use, retention, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited."

PO# 2000 224936-0418

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

28

*****Paid by Credit Card \$17.00 Wufoo.com *******Bill #2592369****Generated:** 20 April 2018 **Print** **Email**

Infinity Box Inc.
3050 South Delaware Street
San Mateo, CA 94403
United States

Billed to:
Dorothy H Wallis
3813 N. Flannery Road
Baton Rouge 70814
United States

PAID

Quantity	Description	Item Price	Total
1	Wufoo subscription from 2018-04-20 to 2018-05-20.	\$17.00	\$17.00

AMOUNT PAID : \$17.00**CREDIT CARD BILLED : **** * 0848****TRANSACTION ID : 2856032**

Please keep a copy of this bill for your records and for future reference.

To upgrade, downgrade or change your billing information visit:
<http://ctlm.wufoo.com/account/>.

Please send billing questions to billing@wufoo.com
and technical support questions to support@wufoo.com

Thank you for your business and thanks for using Wufoo!

The Wufoo Team

KNOW FOR SURE Crisis Intervention Phone Line Services

(Provided by SOURCES FOR WOMEN/CTLM)

STATEMENT OF WORK

KNOW FOR SURE Crisis Intervention Phone Line (1-888-664-7873) is a program of **SOURCES FOR WOMEN** operated under the auspices of Caring to Love Ministries. The contract with the Life Choice Project is to offer a statewide crisis intervention phone line service that operates 24-hours-per-day, 7-days-per-week.

KNOW FOR SURE crisis intervention phone line services are intended to empower consumers to stay safe and healthy during a the uncertainty of an unplanned pregnancy crisis. The **KNOW FOR SURE** crisis intervention phone line services is not a substitute for professional health care, or therapy of any kind. Individuals experiencing a medical emergency are encouraged to immediately call their doctor or 911; and, individuals experiencing a clinical or long-term issue should consult a medical professional.

Neither the **KNOW FOR SURE** crisis intervention phone line services nor any of its employees, are responsible for any decisions, or results of the decisions that the consumer make while, as a result of, or after using the Services. This includes whether they choose to seek or not seek professional care, or to modify or terminate specific services that they are currently receiving based on the information provided by our Services.

The **KNOW FOR SURE** crisis intervention phone line services includes screening/telephone assessment, information and referral for Louisiana residents in crisis, particularly those at risk for experiencing abortion vulnerable pregnancies. The crisis intervention phone line is staffed by non-clinical operators trained in assessing the caller's needs, provide brief crisis counseling, general information, make referrals, as well as schedule appointments with one of the statewide Life Choice Project subcontractors/providers or as appropriate with other local resources.

KNOW FOR SURE, hereinafter referred to as the Contractor, agrees to the terms and conditions of this Contract, including all terms, by signing below:

1. **TOTAL BUDGET:** \$10,500 annually
KNOW FOR SURE - Crisis Intervention Phone Line Services provides telephone services including screening/telephone assessments, information and referral to the Life Choice Project subcontractors/providers to assist consumers in crisis of experiencing abortion vulnerable pregnancies. These services are offered in coordination with Sources for Women under the auspices of Caring to Love Ministries.
2. **GOALS AND OBJECTIVES.** The goal of the Statement of Work is to provide screening/telephone assessments, relevant general information, resources, referral services which ensure consumer with timely and accurate information related to their unplanned pregnancies.
3. **SERVICE REQUIREMENTS**
The Contractor shall:

- a. Provide non-clinical screening/telephone assessment, general information, referral, solution-focused crisis intervention for stabilization to appropriate levels of care for abortion vulnerable Louisiana pregnant women.
- b. Provide 24-hours-a-day, 7-days-a-week by crisis intervention phone line services.
- c. Capture demographic and contact information during crisis line calls of consumers.
- d. Maintain a database tracking the types of call, monitoring the number of calls, types of referrals, and to document disposition of each call.
- e. Coordinate access to Life Choice Project subcontractors/providers and other appropriate local resources as necessary.
- f. Refer any internal, consumer or provider complaints to the Life Choice Project Administrator and or the Project Coordinator.
- g. The Contractor will also monitor and report the number of Google Impressions reported monthly.
- h. Provide specific training to personnel on general program procedures.

4. COORDINATION OF CRISIS INTERVENTION SERVICES

The Contractor is the primary responder for all program related crisis intervention phone line services, referral and other calls operating 24 hours per day, 7 days per week including holidays.

The Contractor will follow up on calls from consumers within a timely manner as well as calls received from the Life Choice Project statewide subcontractors/providers.

5. REPORTING REQUIREMENTS

- a. The Contractor shall relay, on a daily basis via email and software application as provided by the Life Choice Project, demographic information and contact information on consumers served within the past 24 hours.
- b. The Contractor will submit a detailed report for the previous month that includes a cumulative report of incoming and outgoing calls.
- c. The Contractor is responsible for the submission of the monthly invoices due by the 3rd of each month for the payment for services as outlined within this Statement of Work and shall be based on the cost associated with the salaries for the crisis phone line staff, cost for phone line, phone supplies cost, data usage charges, and other appropriate supplies utilized in the delivery of the crisis intervention phone line services.

6. SPECIAL TERMS

- a. Americans with Disabilities Act.
The Contractor shall provide services in a place, and in a manner that complies with the Americans with Disabilities Act and shall comply with Section 504, Rehabilitation Act of 1973 (29 U.S.C. § 701). 1.2.
- b. Business Continuity Plan.
The Contractor shall develop a Business Continuity Plan that identifies essential functions and how those services would be continued in the event of a disaster.

The plan will identify alternate locations for service provision and contact information and be reviewed annually.

c. **Capacity.**

The Contractor shall notify the Life Choice Project promptly in writing of any change in service capacity that would affect Contractor's ability to meet the standards listed in the Statement of Work. The notice shall include a corrective action utilization management plan to ensuring adequate capacity to meet contract obligations.

d. **Collaboration with the Life Choice Project.**

The Contractor management team shall participate, as requested by the Life Choice Project in trainings, and work groups appropriate for provider agencies. Failure to participate, as required, may result in corrective action. This includes training required by the Department of Children and Family Services (DCFS).

7. CONFIDENTIALTY

- a. The Contractor shall have internal policies and procedures related to the privacy and the security of Protected Health Information (PHI) in compliance with state and federal guidelines. By signing this Contract, the Contractor certifies compliance with the applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, codified in 42 USC §1320(d) et seq. and 45 CFR parts 160, 162 and 164; the Health Information Technology for Economic and Clinical Health Act (HITECH Act or "The Act") part of the American Recovery and Reinvestment Act of 2009 (ARRA), 42 CFR Part 2, and state privacy regulations.
- b. The Contractor shall provide to the Life Choice Project a Confidentiality Certification attesting that the Contractor has on file a Statement of Confidentiality for each of the Contractor's staff members, subcontractors, and/or volunteers who have access to the Contractor's confidential paper or electronic records. The Confidentiality Certification must acknowledge that the provider understands and agrees to follow all regulations on confidentiality and all other applicable statutes. This Confidentiality Certification is due within 60 days of the contract start date and once annually thereafter.
- c. The Contractor shall report any breach or loss of consumer data in any form that is considered as reportable in accordance with the Health Information Technology for Economic and Clinical Health and that would allow for the unauthorized use of consumer personal information, consistent with the Life Choice Project Crisis Policies and Procedures.

8. CONSUMER CHARGES

The Contractor shall ensure that program eligible consumers are not held liable for cost associated with access to the KNOW FOR SURE crisis intervention phone line services funded under the Life Choice Project.

9. CONSUMER RIGHTS

- a. The Contractor shall comply with state and federal non-discrimination policies, Health Insurance Portability and Accountability Act (HIP AA) 45 CFR Parts 160

and 164, DSHS-CIS Data Dictionary and its successors, and the Louisiana State Department of Children and Family Services (DCFS) Administrative policies to the extent that they are applicable to the subcontract. This includes 42 CFR 438.214, Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR Parts 90 and 91; the Rehabilitation Act of 1973; and titles II and III of the Americans with Disabilities Act; and other laws regarding privacy and confidentiality. The Contractor shall ensure that its staff takes these rights into account when furnishing services to consumers.

- b. The Contractor shall:
Ensure Compliance with Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons and Executive Order No. 13166: Improving
- c. Access to Services for Persons with Limited English Proficiency.
In the event a consumer's picture or personal story will be used, the Contractor shall first obtain written consent from that consumer.

10. PAYMENT PROVISIONS

- a. The Life Choice Project shall pay the Contractor a monthly fee of \$875.00, based on a calculation of at minimum 2,500 calls annually which equates to an average of 208 calls per month.
- b. The Life Choice Project shall make payments to the Contractor based upon its success in achieving the performance measures or other outcomes, as detailed in the Statement(s) of Work in this Contract, not to exceed the budget identified in the Statement of Work; and subject to the following provisions:
- c. Payment to the Contractor will be processed within twenty work days of the receipt of a complete and accurate invoice, by the 3rd of the month or the first day of business thereafter.

11. PERIOD OF PERFORMANCE AND CONTRACT PERIOD

The performance period of this Contract is from July 1, 2017 through June 30, 2018. The Contract will, however, remain in effect through July 15, 2018 in order to allow for reconciliation of services and payment adjustments for services that were provided during the performance period. No other budget funds are available to cover this period.

12. SURVIVABILITY

Certain terms and conditions are intended to survive the expiration of the Contract. Surviving terms include, but are not limited to: records retention, confidentiality, monitoring cooperation, financial management and data, payment terms for the last month of service, insurance provisions for potential claims through their statute of limitations.

13. TERMINATION FOR CONVENIENCE

The Life Choice Project may terminate this Contract in whole or in part for convenience by giving the Contractor at least thirty (30) calendar days' written notice. The Contractor may terminate this Contract for convenience by giving the Life Choice Project at least

5/7/2018

PO# 2000 224936-418

Section D-Operating Exp-KnowforSure

Page 2 of 2


GULF COAST BANK
 & Trust Company

Created ▼	Status ▼	Approvals ▼	Transaction Type ▼	Account ▼	Amount ▼
5/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 142433	LCP CHECKING xxxxxx6649	\$875.00

Tracking ID: 142433

Total Amount: \$875.00

Created: 05/07/2018 10:32 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: KNOW FOR SURE

Authorized: 05/07/2018 10:32 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will process On: 5/7/2018

ACH Header: CARING TO LOVE M

Effective: 5/8/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
KNOW FOR SURE	KNOW FOR SURE		\$875.00	XXXX6607	Checking	XXXXX0153	

Addenda: April 2018 5FW

APPROVAL(S):

1	DOROTHY WALLIS
---	----------------

SECTION D Operating Expense-KNOWforSURE**LCP Budget to reimburse CTLM = \$875.00 for month**

PO# 2000 224936

SECTION F

PROFESSIONAL

0 • C

0 • C

2,200.00 +

1,200.00 +

700.00 +

250.00 +

875.00 +

1,000.00 +

250.00 +

250.00 +

150.00 +

500.00 +

7,375.00 *

0 • C

Direct Mailing Services, Inc.

ACH = \$2200.00

Invoice16959 Highland Club Ave
Baton Rouge, LA 70817

Date	Invoice #
4/30/2018	581

Bill To
Life Choice Project CTLM 3813 N Flannery Rd Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-April 2018	2,200.00	2,200.00
Thank you for the opportunity to serve you!		Total	\$2,200.00

ACH = \$2200.00

Life Choice Project
Caring To Love Ministries
PO # 2000 224936-0118
April 2018

Detailed Description for Professional: Accounting Services

Direct Mailing Services (Vickie Davis)

\$ 2,200.00

<u>Date</u>	<u>Hours</u>	<u>Description</u>
4/2/2018	10	Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due
4/5/2018	10	Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,
4/9-4/11/18	16	Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget
4/12/2018	9	Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 2 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month
4/16/2018	9	Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services
4/23/2018	8	Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Compare LCP expenditures to Budget
4/30/2018	8	Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank
<u>70</u>		<u>Total Hours Worked</u>

5/7/2018

PO# 2000 224936-0418

Section F-Professional-Accounting Svc

Page 3 of 3

ACH = \$2200.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
5/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 142436	LCP CHECKING xxxxxx6649	\$2,200.00

Tracking ID: 142436

Total Amount: \$2,200.00

Created: 05/07/2018 10:33 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 05/07/2018 10:33 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 5/7/2018

Effective: 5/8/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
DIRECT MAIL SERVICE	DIRECT MAIL SERVICE		\$2,200.00	XXXXX4392	Checking	XXXXX0090	

Addenda:

April 2018 DMS

APPROVAL(S):

1

DOROTHY WALLIS

ACH = \$1200.00

Resources for Communities

Garcia Bodley
P.O. Box 73215
Baton Rouge, LA 70874
Phone: (225) 328-1965

Caring to Love Ministries
C/O Life Choice Project
3813 Flannery Road
Baton Rouge, LA 70814
(225) 273-1124

INVOICE

Invoice #: 2018-0400

For: Services: April, 2018

Location: Caring to Love Ministries
C/O Life Choice Project
3813 Flannery Road
Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
4/5; 4/6	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
4/2; 4/9; 4/15; 4/22	As consultant, conducted on-going review of weekly, monthly and cumulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	4		
4/11; 4/12	Newletter	4		
ongoing throughout month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	3		
4/25/2018	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	2		
		16	\$ 75.00	\$1,200.00

5/7/2018

PO# 2000 224936-0418 Section F-Professional-Performance Improv

Page 2 of 2

ACH = \$1200.00


GULF COAST BANK
 & Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
5/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 142438	LCP CHECKING xxxxxx6649	\$1,200.00

Tracking ID: 142438

Total Amount: \$1,200.00

Created: 05/07/2018 10:34 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 05/07/2018 10:34 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 5/7/2018

Effective: 5/8/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESOURCES COMMUN	RESOURCES FOR COMMUN		\$1,200.00	XXXXX07195	Checking	XXXXX0090	

Addenda: April 2018 Resources4Comm

APPROVAL(S):

1 DOROTHY WALLIS

ACH = \$700.00

Randy Rice and Associates ACH = \$700.00

8221 Summa Ave Suite C

Baton Rouge, LA 70809-3451

Invoice

DATE	INVOICE #
4/30/2018	13999

Louisiana Life Choice Project
3813 North Flannery
Baton Rouge, LA 70814

We would
like a copy of
the invoice
signed invoice
attached

DESCRIPTION	AMOUNT
March PR Invoice	
Life Choice: LPC Public Relations 20.50 Hrs @ \$34.15 per hour	700.00
4-Gathering of ratings for Radio and/or Television for each station 4-4-18 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 4-4-18 3.0-Negotiation of rates for each of the Radio and/or Television Stations 4-5-18 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 4-5-18 2-Audit of all invoices from each station to ensure that all spots ran as ordered 4-14-18 1.5-Send discrepancy notices for all spots not ran correctly 4-14-18 1-Issuance of credit in the event spots ran incorrectly 4-14-18 1-Arrange for Deliverables 4-14-18 1.5-Processing and delivery of Deliverables 4-14-18	
Thank you for your business.	Total \$700.00

Jeanine M. LeBlanc

From: Vickie Davis <vickiebdavis@gmail.com>
Sent: Thursday, May 31, 2018 1:02 PM
To: Dorothy Wallis
Subject: Fwd: La Life Choice Advertising & PR Invoices signed
Attachments: image004.jpg; image005.png; image006.png; image007.png; Life Choice Signed Invoices.pdf

Sent from my iPhone

Begin forwarded message:

From: "Bronwen B Draughn" <bronwenbd@bellsouth.net <<mailto:bronwenbd@bellsouth.net>> >
Date: May 31, 2018 at 12:35:54 PM CDT
To: "'Vickie Davis'" <vickiebdavis@gmail.com <<mailto:vickiebdavis@gmail.com>> >
Subject: RE: La Life Choice Advertising & PR Invoices

Bronwen Boyle Draughn

Office Manager/Media Buyer/Social Media Specialist

Randy Rice & Associates

225-819-9000

bronwenbd@bellsouth.net <<mailto:bronwenbd@bellsouth.net>>

Randy Rice and Associates

8221 Summa Ave Suite C
Baton Rouge, LA 70809-3451



Invoice

DATE	INVOICE #
5/31/2018	14008

Louisiana Life Choice Project
3813 North Flannery
Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
May PR Invoice Life Choice: LPC Public Relations 20.50 Hrs @ \$34.15 per hour 4-Gathering of ratings for Radio and/or Television for each station 5-4-18 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 5-4-18 3.0-Negotiation of rates for each of the Radio and/or Television Stations 5-5-18 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 5-5-18 2-Audit of all invoices from each station to ensure that all spots ran as ordered 5-14-18 1.5-Send discrepancy notices for all spots not ran correctly 5-14-18 1-Issuance of credit in the event spots ran incorrectly 5-14-18 1-Arrange for Deliverables 5-14-18 1.5-Processing and delivery of Deliverables 5-14-18	700.00
Thank you for your business.	Total \$700.00

Randy Rice and Associates

8221 Summa Ave Suite C
Baton Rouge, LA 70809-3451

**Invoice**

DATE	INVOICE #
4/30/2018	14004

Louisiana Life Choice Project
3813 North Flannery
Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
April Advertising	
WEMX Radio - Louisiana Life Choice	1,367.00
WFMF Radio - Louisiana Life Choice	1,299.00
Total Reimbursable Expenses	2,666.00
Thank you for your business.	Total \$2,666.00

5/7/2018

PO# 2000 224936-0418

Section F Professional-Public Relations

Page 2 of 2

ACH = \$700.00


GULF COAST BANK
 & Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
5/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 142440	LCP CHECKING xxxxxx6649	\$700.00

Tracking ID: 142440

Total Amount: \$700.00

Created: 05/07/2018 10:35 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 05/07/2018 10:35 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 5/7/2018

Effective: 5/8/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$700.00	XXXXX7939	Checking	XXXXX0137	

Addenda: April 2018 Randy Rice

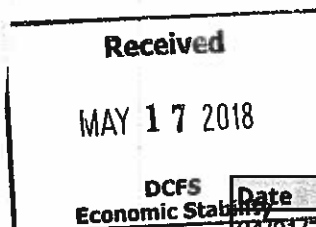
APPROVAL(S):

1 DOROTHY WALLIS

Turn Key Solutions, LLC
11911 Justice Avenue
Baton Rouge, LA 70816
(225) 751-4444



*Do we have
a copy of this
agreement?
attached*



Bill To:
Caring To Love Ministries
Attn: Dorothy Wallis
3813 N. Flannery Road
Baton Rouge, LA 70814-8002
United States

Date	Invoice
04/01/2018	10029853

Terms	Due Date	PO Number	Reference
Net 30 days	05/01/2018		Monthly Billing for April

PLAN TYPE DESIGNATION: "PRIME FIXED FEE"
SEATS INCLUDED: 8
HELPDESK INCLUDED FOR: ALL OFFICE STAFF

PRIMARY components of your selected support plan:

- * The full TKS Partner Pulse Process
- * Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.
- * Network Security & Risk Assessment Scheduled regularly throughout the year
- * TKS' Gold Standard Implementation at no extra cost
- * Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems
- * Offsite monitoring and log review of your firewall
- * 24 x 7 monitoring of your system

STRATEGY, VCIO, AND STANDARDS:

- * vCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions
- * Onsite Wellness Checkups Schedule: _____, and constant remote monitoring
- * Full suite of reports delivered daily, weekly, and monthly to keep you informed

DISASTER RECOVERY:

- * Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically
- * Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)
- * Remote support to restore service is included and not billable
- * Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).

REMOTE HELP DESK:

- * We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.
- * Unlimited remote Server Administration, User Account Management
- * We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.
- * Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.

ONSITE SERVICES:

- * Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.
- * Onsite support and other services are billed separately, at 75% of regular rates (25% discount).

PROJECTS (MOVES/ADDS/CHANGES):

- * PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.
- * 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.
- * All other project work is billed separately, at 75% of regular rates (25% discount).

CLOUD & MOBILITY SERVICES:

- * Not included, available separately

Please make checks payable to Turn Key Solutions, LLC Mail to: 11911 Justice Ave, Baton Rouge, LA 70816 or use https://www.billandpay.com/go/tks Thank you!	Invoice Subtotal:	1,101.04
	Sales Tax:	109.82
	Invoice Total:	1,210.86

Section F Professional-Information Technology Cons.-Turnkey

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions about your invoice, please call (225) 751-4444.

2000224936 CtLM April 2018 requested invoices included

Dorothy Wallis [dwallis@ctlm.org]

Sent: Tuesday, June 12, 2018 8:24 PM

To: Jeanine M. LeBlanc

Cc: Dorothy Wallis [dwallis@ctlm.org]

Attachments: Turnkey 2017 PFF Agreement~1.pdf (2 MB) ; Scan Turnkey Invoice April~1.pdf (520 KB)

Hello Jeanine,

Here is the Turnkey's contract and their invoice reflected in the April billing on page.
If you have any further question please contact me.

Thanks again,

Dorothy Wallis

From: Jeanine M. LeBlanc [mailto:Jeanine.LeBlanc.DCFS@LA.GOV]

Sent: Monday, June 11, 2018 3:01 PM

To: Dorothy Wallis <dwallis@ctlm.org>

Subject: RE: 2000224936 CtLM April 2018 requested invoices included

Ms. Wallis:

I do not see the Turnkey Solutions agreement. Can you please send it?

Thank you.

j

From: Dorothy Wallis [mailto:dwallis@ctlm.org]

Sent: Friday, June 01, 2018 10:20 PM

To: Jeanine M. LeBlanc

Cc: Dorothy Wallis

Subject: 2000224936 CtLM April 2018 requested invoices included

Hello Ms. Le Blanc,

Thank you for the opportunity to confirm our invoices originate from the contractors.
When you spread out the attachments from AT&T, Randy Rice, Jennifer Hamm corrected April Invoice and Turnkey Solutions, we believe you will find these emailed invoices acceptable.

Concerning the Know for Sure contract. Since the inception of the Life Choice Project in October 2002 Caring to Love Ministries (CTLM) as the administrator of the grant award has facilitated the management of contractual services for the Know for Sure crisis phone line via the Care Pregnancy Clinic. Initially we investigated the cost to content for these services with a local provider and findings indicated a minimum of \$2500.00 a month due to the volume of our calls and nature of the callers.

On average, we are managing the program with \$10,500.00 a year, despite the number of actual calls received. Over the years, under this service a number of individuals were hired to operate the crisis phone line for full 24/7 coverage. The state management personnel has been aware of how this service

has operated independently. The cost associated with the crisis phone line includes personnel, phone supplies and data plans, etc. at \$875.00 monthly. Should the state prefer that the cost be reported in another manner CTLM would be pleased to comply.

Please confirm receipt of this email and if you have any questions feel free to call.

Best,

Loving Life,


Dorothy Wallis, M.Div.
President & CEO



225-215-0004 off
225-273-5931 fax

DO NOT read, copy or disseminate this communication unless you are the intended addressee. This communication may contain information that is privileged, confidential and exempt from disclosure under the applicable law. If you are not the intended recipient, you are on notice that any unauthorized disclosure, copying, distribution, or the taking of any action in reliance on the contents of the electronically transmitted materials is prohibited. Please notify immediately the sender via EMAIL that you have received this communication in error.

From: Jeanine M. LeBlanc [<mailto:Jeanine.LeBlanc.DCFS@LA.GOV>]

Sent: Wednesday, May 30, 2018 10:08 AM

To: Dorothy Wallis <dwallis@ctlm.org>

Subject: 2000224936 CtLM April 2018 invoice info needed

I have reviewed your April 2018 invoice and the following information is needed by Tuesday, June 5, 2018:

- A copy of the original signed April 2018 KNOWforSURE bill or a copy of the signed agreement
- A copy of the original signed April Randy Rice April 2018 bill
- A copy of the signed agreement with Turn Key Solutions
- A copy of the original signed April J Ham Enterprises bill

Thank you

Jeanine LeBlanc

Jeanine LeBlanc
ES Program Consultant
Dept. Children and Family Services

627 North Fourth Street, 5-321
Baton Rouge, LA 70802
Jeanine.LeBlanc@la.gov
Office 225-342-5417
Fax 225-342-2536

11911 Justice Ave.
Baton Rouge, LA 70816
<http://www.turnkeysol.com>
(225) 751-4444



Friday, March 24, 2017

Caring To Love Ministries
Dorothy Wallis
3813 N. Flannery Road
Baton Rouge, LA 70814-8002
life@ctlm.org

Dear Dorothy,

I would like to take this opportunity to say thank you for considering doing business with us. We view our customers as valued partners in business, and we look forward to becoming a valued member of your team.

I am very excited to show you our proposal for our absolute best service plan.

What we are proposing is a no-compromise, "ALL-IN" partnership between your company and ours.

In this new arrangement, we have included everything it will take for us to provide you a truly accountable, fully integrated I.T. partner.

In this plan, we're bringing in the core infrastructure, backup plan, and all the software and staff it will take to be sure that we're doing our absolute best to protect you and your business, and to ensure that we spend enough time with you and your staff to be able to guide you through the rapidly changing landscape of Information Technology.

We'll deliver this through our exclusive "PARTNER PULSE PROCESS" which includes:

- In-Person CIO meetings with you
- Onsite and remote Wellness Checkups: manual review of your systems, your infrastructure, by an engineer to be sure ALL of your I.T. is running at it's best
- Unlimited Remote Helpdesk support for you and, if you choose, your entire team
- 24x7 staff and systems monitoring your infrastructure via our Centralized Services team

We've learned that when we provide this proprietary process to our clients, they stop experiencing problems, and can focus on growing their business.

A handwritten signature in black ink, appearing to read "Henry Overton".

Henry Overton

Turnkey Solutions

Support Plan Overview

We only offer 1 support plan

We really only offer 1 I.T. Support Plan to our Clients: It's called our Best.

Why? Because we believe that doing anything less than our best is just no way to build long-term relationships.

These are the PRIMARY components of our support plan:

- The full TKS Partner Pulse Process
- Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.
- TKS Onsite Wellness Checkups Scheduled regularly throughout the year to make sure your I.T. is running at it's best
- Network Security & Risk Assessment Scheduled regularly throughout the year
- Unlimited Remote Support Helpdesk included for all you or your entire team (based on your plan options selection)
- FULL onsite spare server and backup appliance
- TKS' Gold Standard Implementation at no extra cost
- Cloud backup and disaster recovery for either your full server(s) or all of your files (based on your plan selection)
- Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems
- Offsite logging and log review of your firewall
- 24 x 7 monitoring of your system

Every business is a little different, though.

How you need us to work with you, and how you'd like us to implement these components is important.

Recommended Implementation Option: "Prime Fixed Fee"

STRATEGY, VCIO, AND STANDARDS:

- vCIO In-Person Meeting Schedule: **SemiAnnual**, and unlimited remote consultation on request for your strategy or other IT questions
- Onsite Wellness Checkups Schedule: **Quarterly**, and constant remote monitoring
- Full suite of reports delivered daily, weekly, and monthly to keep you informed

DISASTER RECOVERY:

- Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically.
- Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)
- Remote support to restore service is **included** and not billable.
- Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates.

REMOTE HELP DESK:

- We provide Unlimited Remote Support Help Desk included for ALL YOUR STAFF members, for any technical issues related to your corporate IT.
- Unlimited remote Server Administration, User Account Management
- We provide the first level of support to your staff. Some support issues we'll need to involve other people in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.
- Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.

ONSITE SERVICES:

- Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.
- Onsite support and other services are billed separately, at 75% of regular rates.

PROJECTS (MOVES/ADDS/CHANGES):

- PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat \$385 / device, at our schedule availability.
- 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.
- All other project work is billed separately, at 75% of regular rates.

Timeline & Terms

Payment terms

Prior to scheduling your 90 day on boarding, the 1st monthly agreement fee must be paid via check

Supplemental projects must be billed

For the 2nd month and every month thereafter, the full monthly agreement fee must be paid by the 5th of the month for which the services are to be delivered.

Invoices will be delivered to you 30 days prior to the month for which they cover.

Invoices must be paid via ACH.

On-Boarding Timeline:

The Turn Key Solutions On-boarding Process will follow these major steps:

- TKS Service Team Knowledge Transfer Meeting(s)
- Support Helpdesk Deployment to your team member(s)
- TKS' Centralized Services begins monitoring your core systems
- TKS Service Team begins deploying core technologies, tools, platforms and standards
- Extensive Documentation of your infrastructure, business, applications, and key components
- Centralized Services Signoff that all systems are fully monitored
- Initial Network Admin Review
- Support Helpdesk Issues Review
- Initial Virtual CIO meeting

Change management process

Any change to the scope must be quoted separately by TKS account manager and approved by CLIENT in writing. Verbal or other change requests will not be covered under the price quote(s) for this project.

LIMITATION OF LIABILITY & DISCLAIMER OF WARRANTIES

To the extent not prohibited by applicable law, TKS' aggregate liability under this Agreement is limited to the amount paid by CLIENT to TKS for the event giving rise to such liability. In no event will TKS be liable for any indirect, punitive, special, incidental or consequential damages in connection with or arising out of this Agreement (including loss of business, revenue, profits, use, data or other economic advantage). TKS makes no warranties of any kind regarding TKS products or services, and thereby excludes, disclaims and expressly waives any and all implied warranties.

11911 Justice Ave.
Baton Rouge, LA 70816
<http://www.turnkeysol.com>
(225) 751-4444



1 yr commitment and termination

By authorizing this proposal, you agree to a minimum of 12 monthly payments of the recurring payment amount specified.

All equipment included in this proposal will be legal property of Turn Key Solutions, LLC.

If, after 4 months you are not satisfied with our service and we cannot agree to a mutually acceptable resolution:

1. We (Turn Key Solutions) will remove our equipment and software within 15 days and
2. Provide you the administrator account(s) and password(s) to any systems we modified that belong to you.
3. If you have the pre-existing equipment that we replaced with our equipment, we will put your pre-existing equipment back in place.
4. Any other changes made to your other systems will be left in effect.

You agree that Turn Key Solutions) will have no support obligations to you, the client, after your support agreement is no longer in place.

Service Implementation:




Implement as a **PROJECT**

Template Name to Apply: AYCE_PFF

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Baton Rouge, LA 70816
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(225) 751-4444



Support Plan

Item	Description	Recurring	Qty	Ext. Recurring	Ext. Price
	IT Support Plan	\$1,012.33	1	\$1,012.33	\$1,012.33
	Support Plan: "Prime Fixed Fee"		7		
	ONSITE BACKUP & DISASTER RECOVERY SERVER		1		
	TKS Backup System "Gustav" Comprehensive Server Backup and Disaster Recovery Platform For Your Business. With our "Gustav" Plan, we provide onsite ENTIRE SERVER protection, Cloud ENTIRE SERVER Backup, and FULL Recover in cloud or onsite (via mail or download) Field tested, hurricane proven, and constantly monitored. This platform prepares you for full disaster recovery, with Turn Key Solutions at your side. Cloud Components: <ul style="list-style-type: none"> • Cloud Backup of: ENTIRE SERVER IMAGE and Active Directory • Interval (max): Daily • Storage On: Tier 4 Datacenter, Standard Redundant SAN • Recovery Time Objective (RTO): 24 Hr • Cloud Retention Goal: 30 Day • Offsite Recovery Plan: Download files or server image, ship disk with files or server image, or boot virtually in datacenter • Cloud Virtual Boot Test: \$200 / server / week • Cloud Virtual Boot in Disaster Recovery Scenario: \$200 / server / week Onsite Components: <ul style="list-style-type: none"> • Management, Maintenance, Monitoring of Backup Jobs, Hardware and Software • Onsite System Failure Standard Goals:* <ul style="list-style-type: none"> ◦ Recovery Time Objective (RTO): 4 Hr ◦ Onsite Retention Goal: 7 yr All features subject to compatibility with your systems. All		1		


Support Plan

Item	Description	Recurring	Qty	Ext. Recurring	Ext. Price
	<p>features above are minimum goals, and may be exceeded, or may require infrastructure or other improvements to be met. Improvements to meet these goals may require investments on the part of you, the Client.</p> <p>* For details about how we plan to meet these goals, please review with your vCIO at Turn Key Solutions</p> <p>1024 Gb Tier2 Add Storage For MSA:OSB</p> <p>Details: 1024 Gb Additional Storage For EITHER * MSA:OSB:File:ST2 * MSA:OSB:FULL:ST2</p> <p>Storage On: Tier 4 Datacenter, Redundant SAN</p> <p>WatchGuard T30 Network Security/Firewall Appliance</p> <p>FIREWALL: Ideal for small office/branch office and small retail environments, the Firebox T10, T30 and T50 create a secure network perimeter in remote locations that do not have adequate security protection in place today. Comprehensive Unified Threat Management (UTM) safeguards intellectual property and protects personal data, credit card numbers, and other critical assets from exposure and theft.</p> <p>FIREWALL MANAGEMENT w/ HOSTED OFFSITE DIMENSION LOG AGGREGATION & REPORTING</p> <p>INSTALL: Project for a Managed Services Agreement: WatchGuard T30 Network Security/Firewall Appliance</p> <p>PROTECTION SERVICES: Stateful Packet Filtering, Packet Inspection, Proxy Blocking, Blended Threat Prevention, Application Control, Data Loss Prevention, APT Blocker, WebBlocker, Gateway Antivirus, Anti-spam, Denial of Service (DoS), Intrusion Prevention</p>		1		
			1		

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Support Plan

Item	Description	Recurring	Qty	Ext. Recurring	Ext. Price
	SAAS EMAIL SPAM, THREAT,DLP FILTER Software As A Service EMAIL THREAT FILTERING, cloud based <ul style="list-style-type: none"> • Signature-based Anti Virus • Spam Filtering • Reporting • Content Filtering • Outbound Filtering • Zero Hour Threat Detection • URL Defense • Attachment Defense • Data Loss Prevention (DLP) 		1		

Recurring Subtotal: **\$1,012.33**

Subtotal: **\$1,012.33**

One Time Services

Item	Description	Price	Qty	Ext. Price
	Website Migration Assistance	\$525.00	1	\$525.00
	L2 Adv Consulting Technician		7	
	Email Migration to Office365 via TechSoup or Microsoft Charity	\$1,025.00	1	\$1,025.00
	L2 Adv Consulting Technician		7	
	FIXED RATE Office 356 Server Prep		1	

Subtotal: **\$1,550.00**

11911 Justice Ave.
Baton Rouge, LA 70816
<http://www.turnkeysol.com>
(225) 751-4444



IT Support Plan



Prepared by:
Turnkey Solutions
Henry Overton
(225) 751-4444 x203
Fax (225) 215-2341
henry@turnkeysol.com

Prepared for:
Caring To Love Ministries
3813 N. Flannery Road
Baton Rouge, LA 70814-8002
Dorothy Wallis
lfe@ctlm.org
(225) 273-1124

Quote Information:
Quote #: 001545
Version: 1
Delivery Date: 03/24/2017
Expiration Date: 04/21/2017

Quote Summary

Description	Amount
Support Plan	\$1,012.33
One Time Services	\$1,550.00

Subtotal: \$2,562.33
Tax: \$88.85
Total: \$2,651.18

Recurring Expenses Summary

Description	Amount
Support Plan	\$1,012.33

Recurring Subtotal: \$1,012.33
Recurring Total: \$1,101.18

Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors.

Signature _____

Date _____

Turn Key Solutions, LLC
11911 Justice Avenue
Baton Rouge, LA 70816
(225) 751-4444



Bill To:
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

Date	Invoice
04/01/2018	10029853

Terms	Due Date	PO Number	Reference
Net 30 days	05/01/2018		Monthly Billing for April
<p>PLAN TYPE DESIGNATION: "PRIME FIXED FEE" SEATS INCLUDED: 8 HELPSDESK INCLUDED FOR: ALL OFFICE STAFF</p> <p>PRIMARY components of your selected support plan: * The full TKS Partner Pulse Process * Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about. * Network Security & Risk Assessment Scheduled regularly throughout the year * TKS' Gold Standard Implementation at no extra cost * Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems * Offsite monitoring and log review of your firewall * 24 x 7 monitoring of your system</p> <p>STRATEGY, VCIO, AND STANDARDS: * vCIO In-Person Meeting Schedule: _____, and unlimited remote consultation on request for your strategy or other IT questions * Onsite Wellness Checkups Schedule: _____, and constant remote monitoring * Full suite of reports delivered daily, weekly, and monthly to keep you informed</p> <p>DISASTER RECOVERY: * Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically * Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective) * Remote support to restore service is included and not billable * Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).</p> <p>REMOTE HELP DESK: * We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT. * Unlimited remote Server Administration, User Account Management * We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved. * Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.</p> <p>ONSITE SERVICES: * Regularly scheduled vCIO and Wellness Checkups are included and not billed separately. * Onsite support and other services are billed separately, at 75% of regular rates (25% discount).</p> <p>PROJECTS (MOVES/ADDS/CHANGES): * PC & Laptops purchased from TKS installed according to your documented Install guidelines, for flat amount/ device, at our schedule availability. * 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS. * All other project work is billed separately, at 75% of regular rates (25% discount).</p> <p>CLOUD & MOBILITY SERVICES: * Not included, available separately</p>			

Please make checks payable to Turn Key Solutions, LLC Mail to: 11911 Justice Ave, Baton Rouge, LA 70816 or use https://www.billandpay.com/go/tps Thank you!	Invoice Subtotal:	1,101.04
	Sales Tax:	109.82
	Invoice Total:	1,210.86

Section F Professional-Information Technology Cons.-Turnkey

Thank you for your business! If there is anything we can do to serve you better, please let us know. If you have questions about your invoice, please call (225)751-4444.

Payment Receipt
TurnKey Solutions, LLC
11911 Justice Ave
Baton Rouge, LA 70816
225-751-4444
ar@turnkeysol.com

Date: 04/16/2018

Confirmation Code: 1777759-6836-1922549549

Customer: Caring To Love Ministries

Amount: \$1,210.86

Name On Account: Dorothy H. Wallace

Account: Credit Card *****0848

Item	Date Created	Due Date	Amount Paid
Invoice 10029853	04/01/2018	05/01/2018	\$1,210.86

Section F Professional-Information Technology Cons.-Turnkey

LCP Budget to reimburse CTLM = \$250.00

MICHAEL R. CHOATE, CPA APC

2915 S. Sherwood Forest Blvd., Suite B
Baton Rouge, LA 70816**Invoice**

Date	Invoice #
4/10/2018	44619

Bill To
Caring to Love Ministries, Inc. Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814

Description	Amount
FOR PROFESSIONAL SERVICES RENDERED:	0.00
PROGRESS BILLING ON AUDIT EXAMINATION OF FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30 ,2018	875.00
Section F Professional-Auditor Services-Michael Choate, CPA LCP Budget to reimburse CTLM = \$875.00	
DUE UPON RECEIPT	Total \$875.00



GULF COAST BANK
& Trust Company

LCP CHECKING

xxxxxx6649

4/5/2018 7:38 PM

CARING TO LOVE MINISTRIES LIFE CHOICE PROJECT ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 273-1124		GULF COAST BANK & TRUST CO. LOUISIANA	1139
PAY TO THE ORDER OF Michael Choate, CPA APC		\$ **875.00	4/2/18
Eight Hundred Seventy-Five and 00/100		DOLLARS	
Michael Choate, CPA APC 2815 S Sherwood Forest Blvd, Ste B Baton Rouge, LA 70818		VOID AFTER 90 DAYS LIFE CHOICE PROJECT ACCOUNT <i>Michael Choate</i> AUTHORIZED SIGNATURE	
MEMO Progress Billing 6/30/18 audit			
*00 1 1 3 9 * 26 50 70 4 3 5 *			

Capital One, N.A. Richmond VA 065000090 431320GT815042018	CAPITAL ONE, NA 0087861308 RICHMOND, VA 086 21 Deposit	0910001861 2018-04-04	MICHAEL CHOATE & CO. CPAs Capital One Bank
--	---	--------------------------	---

Amount: -875.00

Description: Check

Check Number: 1139

Posted Date: 4/4/2018

Transaction Type: History

Section F Professional-Auditor Services-Michael Choate, CPA

LCP Budget to reimburse CTLM = \$875.00

ACH \$1000+\$250+\$250+\$150+\$500=\$2150.00

J HAM ENTERPRISES, INC.

INVOICE

*Invoice submitted
to contact by
email.
See attached*

Received

MAY 17 2018

DCFS
Economic Stability**Date:** April 30, 2018**Attention:** Dorothy Wallis**Bill to:**

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

J Ham Enterprises, Inc.
812 Sandy Lane
Ruston, LA 71270

Description

Pregnancy Help Center Consulting
April 30, 2018
33.3 hours @ \$30.00 per hour

Amount Due:

\$1000.00

Summary description of activities by category:

Hours	Activity
8	Daily compilation and submission of center client visits
12	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
7.3	Phone conferences with LCP Director, clinic directors, and RV coordinator
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping

Jeanine M. LeBlanc

From: Vickie Davis <vickiebdavis@gmail.com>
Sent: Friday, June 01, 2018 9:56 PM
To: Dorothy Wallis
Subject: Fwd: Corrected April LCP invoice
Attachments: LCP Invoice April 2018.pdf

Here is Jennifer's \$1000 April invoice.
Vickie

----- Forwarded message -----

From: **Jennifer Ham** <jennifer@thegospelinc.com>
Date: Tue, May 1, 2018 at 9:21 AM
Subject: Corrected April LCP invoice
To: Dorothy Wallis <dwallis@ctlm.org>, Vickie Davis <vickiebdavis@gmail.com>

Please find attached my corrected April LCP invoice.
Thanks,
Jennifer

--
Vickie Davis
cell 225-281-1034

This email message and all attachments transmitted with it may contain legally privileged & confidential and/or protected work product. It is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

--

Vickie Davis

cell 225-281-1034

J HAM ENTERPRISES, INC.

INVOICE

Date: April 30, 2018

Attention: Dorothy Wallis

Bill to:

Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814

Remit to:

J Ham Enterprises, Inc.
812 Sandy Lane
Ruston, LA 71270

Description

Pregnancy Help Center Consulting
April 30, 2018
33.3 hours @ \$30.00 per hour

Amount Due:

\$1000.00

Summary description of activities by category:

Hours	Activity
8	Daily compilation and submission of center client visits
12	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
7.3	Phone conferences with LCP Director, clinic directors, and RV coordinator
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping

5/7/2018

PO# 2000 224936-0418 Section F-Professional-Prof Tech Svc.

Gulf Coast Bank and Trust

Page 2 of 10

ACH \$1000+\$250+\$250+\$150+\$500=\$2150.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
5/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 142442	LCP CHECKING xxxxxx6649	\$1,000.00

Tracking ID: 142442

Total Amount: \$1,000.00

Created: 05/07/2018 10:36 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: J HAM & Associates

Authorized: 05/07/2018 10:37 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 5/7/2018

ACH Header: CARING TO LOVE M

Effective: 5/8/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
J HAM	J HAM		\$1,000.00	XXXX0613	Checking	XXXXX2758	

Addenda: April 2018 JHam

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$1000+\$250+\$250+\$150+\$500=\$2150.00

INVOICE**Date:** April 30, 2018**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**Sanaretha Gray
P. O. Box 413
Prairieville, LA 70769**Description**Pregnancy Help Center Consulting
April 2018
25 hours @ \$10.00 per hour**Amount due:**

\$250.00

Summary description of activities by category:

Hours	Activity
1.0	Compliance review CPC - Gonzales - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
4.0	Preparation, completion, & submission of Compliance Documents
20.0	Review and verification of Clinic billing packets, compilation of error report



**GULF COAST BANK
& Trust Company**

ACH \$1000+\$250+\$250+\$150+\$500=\$2150.00

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
5/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 142840	LCP CHECKING xxxxxx6649	\$250.00

Tracking ID: 142840

Total Amount: \$250.00

Created: 05/07/2018 4:38 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 05/07/2018 4:39 PM

Description: Sanaretha Gray

Authorized By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Will process On: 5/8/2018

ACH Class Code: PPD

Effective: 5/9/2018

ACH Header: CARING TO LOVE M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXX0012	Checking	XXXXX3511	

Addenda: S Gray-April 2018

APPROVAL(S):

1 DOROTHY WALLIS

4-

ACH \$1000+\$250+\$250+\$150+\$500=\$2150.00

INVOICE**Date:** April 30, 2018**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**Michelle Dyess
12238 Leblanc Ln
Walker, LA 70785**Description**

Pregnancy Help Center Consulting

April 30, 2018

10 hours @ \$25 per hour

Amount due:

\$250.00

Summary description of activities by category:

Hours	Activity
8	Compliance visit to Care Pregnancy Clinic in Baton Rouge and Restoration PRC. <ul style="list-style-type: none">- Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & Submission of Compliance Documents

5/7/2018

PO# 2000 224936-0418 Section F-Professional-Prof Tech Svc.

Gulf Coast Bank and Trust

Page 6 of 10

ACH \$1000+\$250+\$250+\$150+\$500=\$2150.00


GULF COAST BANK
 & Trust Company

Created ▼	Status ▼	Approvals ▼	Transaction Type ▼	Account ▼	Amount ▼
5/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 142444	LCP CHECKING xxxxxx6649	\$250.00

Tracking ID: 142444

Total Amount: \$250.00

Created: 05/07/2018 10:37 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Michelle Dyess

Authorized: 05/07/2018 10:38 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 5/7/2018

ACH Header: CARING TO LOVE M

Effective: 5/8/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153	

Addenda: M Dyess-April 2018

APPROVAL(S):

1 DOROTHY WALLIS

49

ACH \$1000+\$250+\$250+\$150+\$500=\$2150.00

INVOICE**Date:** April 30th, 2018**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit to:**Emily Ilgenfritz
4605 S Saratoga St.
New Orleans, LA 70115**Description**Pregnancy Help Center Consulting
April 2018
10 hours @ \$15.00 per hour**Amount due:**

\$150.00

Summary description of activities by category:

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report

ACH \$1000+\$250+\$250+\$150+\$500=\$2150.00



Created	Status	Approvals	Transaction Type	Account	Amount
5/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 142843	LCP CHECKING xxxxxx6649	\$150.00

Tracking ID: 142843

Total Amount: \$150.00

Created: 05/07/2018 4:40 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 05/07/2018 4:41 PM

Description:

Authorized By: DOROTHY WALLIS

Emily Ilgenfritz

Will

From: LCP

process On: 5/8/2018

CHECKING xxxxxx6649

Effective:

ACH Class Code: PPD

5/9/2018

ACH

Header: CARING TO LOVE

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	

Addenda: E Ilgenfritz-April 2018

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$1000+\$250+\$250+\$150+\$500=\$2150.00

INVOICE**Date:** April 30, 2018**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries
3813 North Flannery Rd.
Baton Rouge, LA 70814**Remit To:**Alexis Farrugia
416 Shrewsbury Ct.
Jefferson, LA 70121**Description:**Pregnancy Help Center Consulting
April 2018
20 hours @ \$25.00 per hour**Amount Due:**

\$500.00

Summary description of activities by category:

Hours	Activity
2	Compliance visits to ACCESS Pregnancy Center - Audit of client visits, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & submission of Compliance Documents
16	Review and verification of Clinic billing packets, compilation of error report

ACH \$1000+\$250+\$250+\$150+\$500=\$2150.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
5/7/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 142845	LCP CHECKING xxxxxx6649	\$500.00

Tracking ID: 142845

Total Amount: \$500.00

Created: 05/07/2018 4:42 PM

Total

Created By: DOROTHY WALLIS

Payments: 1

Authorized: 05/07/2018 4:42 PM

Description:

Authorized By: DOROTHY WALLIS

Alexis Farrugia

Will

From: LCP

process On: 5/8/2018

CHECKING xxxxxx6649

Effective:

ACH Class Code: PPD

5/9/2018

ACH

Header: CARING TO LOVE

M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrugia	Alexis Farrulla		\$500.00	XXXXX71153	Checking	XXXXX0090	

Addenda: A Farrugia-April 2018

APPROVAL(S):

1 DOROTHY WALLIS

care prog	care prog	women res ctr	preg ctr	abuse	women life	recreation	ccc gonzales						
85	11	14	53	4		27	14	208	\$	10.00	\$	2,080.00	
86	6	17	80	4		25	6	224	\$	10.00	\$	2,240.00	
20	5	5	8	0		2	8	48	\$	10.00	\$	480.00	
20	5	5	8	0		2	8	48	\$	30.00	\$	1,440.00	
85	6	17	80	7		33	7	235	\$	40.00	\$	9,400.00	
38	0	15	26	6		7	8	100	\$	10.00	\$	1,000.00	
0	0	0	0	0		0	0	0	\$	30.00	\$	-	
65	6	9	45	4		25	6	160	\$	30.00	\$	4,800.00	
43	0	20	39	3		6	2	113	\$	30.00	\$	3,390.00	
14	0	2	19	0		4	6	45	\$	40.00	\$	1,800.00	
22	0	12	4	0		0	1	39	\$	75.00	\$	2,925.00	
23	0	5	8	1		0	3	40	\$	40.00	\$	1,600.00	
								0		1260		\$ 31,155.00	
								0					
\$ 12,680.00	\$ 790.00	\$ 3,390.00	\$ 9,010.00	\$ 670.00	\$ -	\$ 3,080.00	\$ 1,555.00	\$ 31,155.00					

PO# 2000 224936

SECTION G

OTHER CHARGES

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

April 2018 BILLED **

TOTAL ALL SUB REPORTS

Cumm from Last Month	1670	Cumm 2nd Visits Last Month	2122
Number of New Participants	208	New 2nd Visits	-
Cummulative Participants	1878	Cumm 2nd Visits	2122

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	208	\$ 2,080.00
2 Positive Pregnancy Test	\$ 10.00	224	\$ 2,240.00
3 Negative Pregnancy Test	\$ 10.00	48	\$ 480.00
4 Abstinence Education	\$ 30.00	48	\$ 1,440.00
5 Counseling	\$ 40.00	235	\$ 9,400.00
6 Referral Services	\$ 10.00	100	\$ 1,000.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Development	\$ 30.00	160	\$ 4,800.00
9 On-going Care	\$ 30.00	113	\$ 3,390.00
10 Family Support Services	\$ 40.00	45	\$ 1,800.00
11 Home Outreach Support Services	\$ 75.00	39	\$ 2,925.00
12 Birth Outcome Confirmation	\$ 40.00	40	\$ 1,600.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		1,280	\$ 31,155.00

Amount Due	\$ 31,155.00
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Summary:

Care Pregnancy Clinic	\$ 12,660.00
Women's Resource Center of Natch LA	\$ 3,390.00
A Pregnancy Center	\$ 9,010.00
Access Pregnancy-(Catholic Charities)	\$ 670.00
Restoration House	\$ 3,080.00
CPC-Gonzales	\$ 1,555.00
CPC-RV	\$ 790.00

TOTAL ALL CENTERS

\$ 31,155.00

**Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization: Care Pregnancy Clinic
Project Number: LCP17-18-01
Date of Report: 04/01/2018 thru 04/30/2018 (Report Printed: 05/08/2018)
Report Submitted By: Deborah Clayton
Address: 3813 N. Flannery Rd.
City State Zip: Baton Rouge, LA 70814

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:87 2nd:61 3rd:22 Pantry:86 Home:22 Postpartum:25

Description of Service	#Served	Reimb. Cost	Total
Intake Application	85	\$10	\$ 850
Positive Pregnancy Test	87 86	\$10	\$ 870 860
Negative Pregnancy Test	20	\$10	\$ 200
Abstinence Education	20	\$30	\$ 600
Counseling	85	\$40	\$ 3400
Referral Services	96 38	\$10	\$ 960 380
Health Risk Assessment	100 0	\$30	\$ 3000 0
Care Plan Development	65	\$30	\$ 1950
On-Going Care/Monitoring	43	\$30	\$ 1290
Family Support Services	14	\$40	\$ 560
Home Outreach Support Services	22	\$75	\$ 1650
Birth Outcome Confirmation	25 23	\$40	\$ 1000 920

Total Services ~~570~~ 561 \$ ~~16570~~ 12,660.

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Margaret Thompson
Sandra [Signature]

*** FOR OFFICIAL USE ONLY ***

56

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Care Pregnancy ClinicLCP 17-18-01

Cumm from Last Month	670	Cumm 2nd Visits Last Month	790
Number of New Participants for This Month	85	New 2nd Visits	-
Cummulative Participants	755	Cumm 2nd Visits	790

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	85	\$ 850.00
2 Positive Pregnancy Test	\$ 10.00	86	\$ 860.00
3 Negative Pregnancy Test	\$ 10.00	20	\$ 200.00
4 Abstinence Education	\$ 30.00	20	\$ 600.00
5 Counseling	\$ 40.00	85	\$ 3,400.00
6 Referral Services	\$ 10.00	38	\$ 380.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	65	\$ 1,950.00
9 On-going Care	\$ 30.00	43	\$ 1,290.00
10 Family Support Services	\$ 40.00	14	\$ 560.00
11 Home Outreach Support Services	\$ 75.00	22	\$ 1,650.00
12 Birth Outcome Confirmation	\$ 40.00	23	\$ 920.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		501	\$ 12,660.00

Amount Due \$ 12,660.00

**GULF COAST BANK
& Trust Company****Received****MAY 17 2018****DCFS
Economic Stability**

Created ▾ Status ▾ Approvals ▾ Transaction Type ▾ Account ▾ Amount ▾

5/9/2018 Authorized 1 of 1 ACH Batch - Tracking ID: 144090 LCP CHECKING xxxxxx6649 \$12,660.00

Tracking ID: 144090**Total Amount:** \$12,660.00**Created:** 05/09/2018 9:32 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**From:** LCP CHECKING xxxxxx6649**Authorized:** 05/09/2018 9:33 AM**ACH Class Code:** CCD**Authorized By:** DOROTHY WALLIS**ACH Header:** CARING TO LOVE M**Will process On:** 5/9/2018**Effective:** 5/10/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$12,660.00	XXXX6569	Checking	XXXXX0153	

Addenda: CPC April 2018**APPROVAL(S):**

1 DOROTHY WALLIS

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Resource Center of Natch La
Project Number LCP17-18-04
Date of Report 04/01/2018 thru 04/30/2018 (Report Printed: 05/02/2018)
Report Submitted By Danette Westfall
Address 107 North Street
City State Zip Natchitoches, LA 71457

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client	Coun Mins	Date	Center ID
			Not Appr			

REIMBURSEMENT

New Pos. Clients:17 2nd:9 3rd:8 Pantry:29 Home:12 Postpartum:7

Description of Service	#Served	Reimb. Cost	Total
Intake Application	14 ✓	\$10	\$ 140
Positive Pregnancy Test	17 ✓	\$10	\$ 170
Negative Pregnancy Test	5 ✓	\$10	\$ 50
Abstinence Education	5 ✓	\$30	\$ 150
Counseling	17 ✓	\$40	\$ 680
Referral Services	15 29 ✓	\$10	\$ 290 150
Health Risk Assessment	0 29 ✓	\$30	\$ 870 0
Care Plan Development	9 ✓	\$30	\$ 270
On-Going Care/Monitoring	20 ✓	\$30	\$ 600
Family Support Services	2 ✓	\$40	\$ 80
Home Outreach Support Services	12 ✓	\$75	\$ 900
Birth Outcome Confirmation	5 7 ✓	\$40	\$ 280 200

Total Services 168 / 21 \$ 4480 3390

☐ 2nd Positive and/or Negative Test Authorization

Adjustments: ☐ ☐
Total Billed ☐ ☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

Jeani Ruck
Danette Westfall

*** FOR OFFICIAL USE ONLY ***

DW jr

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Resource Center of Natch LA LCP-17-18-04

Cumm from Last Month	222	Cumm 2nd Visits Last Month	365
Number of New Participants for This Month	14	New 2nd Visits	-
Cummulative Participants	236	Cumm 2nd Visits	365

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	14	\$ 140.00
2 Positive Pregnancy Test	\$ 10.00	17	\$ 170.00
3 Negative Pregnancy Test	\$ 10.00	5	\$ 50.00
4 Abstinence Education	\$ 30.00	5	\$ 150.00
5 Counseling	\$ 40.00	17	\$ 680.00
6 Referral Services	\$ 10.00	15	\$ 150.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	9	\$ 270.00
9 On-going Care	\$ 30.00	20	\$ 600.00
10 Family Support Services	\$ 40.00	2	\$ 80.00
11 Home Outreach Support Services	\$ 75.00	12	\$ 900.00
12 Birth Outcome Confirmation	\$ 40.00	5	\$ 200.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		121	\$ 3,390.00

Amount Due \$ 3,390.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
5/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 144092	LCP CHECKING xxxxxx6649	\$3,390.00

Tracking ID: 144092

Total Amount: \$3,390.00

Created: 05/09/2018 9:34 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 05/09/2018 9:34 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 5/9/2018

Effective: 5/10/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$3,390.00	XXXX078	Checking	XXXXX2949	

Addenda: WRC April 2018

APPROVAL(S):

1 DOROTHY WALLIS

61

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization A Pregnancy Center & Clinic
Project Number LCP17-18-103
Date of Report 04/01/2018 thru 04/30/2018 (Report Printed: 05/01/2018)
Report Submitted By Denise Williamson
Address 913 S. College Rd Ste 206
City State Zip Lafayette, LA 70503

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client			Center ID
			Not Appr	Coun Mins	Date	

REIMBURSEMENT

New Pos. Clients:80 2nd:45 3rd:35 Pantry:84 Home:4 Postpartum:15

Description of Service	#Served	Reimb. Cost	Total
Intake Application	53	\$10	\$ 530
Positive Pregnancy Test	80	\$10	\$ 800
Negative Pregnancy Test	8	\$10	\$ 80
Abstinence Education	8	\$30	\$ 240
Counseling	80	\$40	\$ 3200
Referral Services	80 26	\$10	\$ 800 260
Health Risk Assessment	240 0	\$30	\$ 7200 0
Care Plan Development	45	\$30	\$ 1350
On-Going Care/Monitoring	39	\$30	\$ 1170
Family Support Services	19	\$40	\$ 760
Home Outreach Support Services	4	\$75	\$ 300
Birth Outcome Confirmation	15 8	\$40	\$ 600 320

Total Services ~~519~~ 370 \$ ~~12200~~ 9010.

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy Center**LCP-17-18-103**

Cumm from Last Month	362	Cumm 2nd Visits Last Month	533
Number of New Participants for This Month	53	New 2nd Visits	-
Cummulative Participants	415	Cumm 2nd Visits	533

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	53	\$ 530.00
2 Positive Pregnancy Test	\$ 10.00	80	\$ 800.00
3 Negative Pregnancy Test	\$ 10.00	8	\$ 80.00
4 Abstinence Education	\$ 30.00	8	\$ 240.00
5 Counseling	\$ 40.00	80	\$ 3,200.00
6 Referral Services	\$ 10.00	26	\$ 260.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	45	\$ 1,350.00
9 On-going Care	\$ 30.00	39	\$ 1,170.00
10 Family Support Services	\$ 40.00	19	\$ 760.00
11 Home Outreach Support Services	\$ 75.00	4	\$ 300.00
12 Birth Outcome Confirmation	\$ 40.00	8	\$ 320.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		370	\$ 9,010.00

Amount Due \$ **9,010.00**



Created ▼	Status ▼	Approvals ▼	Transaction Type ▼	Account ▼	Amount ▼
5/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 144096	LCP CHECKING xxxxxx6649	\$9,010.00

Tracking ID: 144096

Total Amount: \$9,010.00

Created: 05/09/2018 9:36 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 05/09/2018 9:36 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 5/9/2018

Effective: 5/10/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$9,010.00	XXXX2775	Checking	XXXXX0222	

Addenda: APC April 2018

APPROVAL(S):

1 DOROTHY WALLIS

64

Request for Reimbursement Form
LOUISIANA LIFE CHOICES PROJECT
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Access - Catholic Charities
Project Number LCP17-18-107-1
Date of Report 04/01/2018 thru 04/30/2018 (Report Printed: 04/30/2018)
Report Submitted By Kay Bongard
Address 921 Aris Avenue
City State Zip Metairie, LA 70005

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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REIMBURSEMENT

New Pos. Clients:4 2nd:4 3rd:3 Pantry:17 Home:0 Postpartum:1

Description of Service	#Served	Reimb. Cost	Total
Intake Application	4	\$10	\$ 40
Positive Pregnancy Test	4	\$10	\$ 40
Negative Pregnancy Test	0	\$10	\$ 0
Abstinence Education	0	\$30	\$ 0
Counseling	7	\$40	\$ 280
Referral Services	26	\$10	\$ 260
Health Risk Assessment	20	\$30	\$ 600
Care Plan Development	4	\$30	\$ 120
On-Going Care/Monitoring	3	\$30	\$ 90
Family Support Services	0	\$40	\$ 0
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	1	\$40	\$ 40

Total Services 27 29 \$ 800 670

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*** FOR OFFICIAL USE ONLY ***

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SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Charities) LCP-17-18-107-1

Cumm from Last Month	91	Cumm 2nd Visits Last Month	98
Number of New Participants for This Month	4	New 2nd Visits	-
Cummulative Participants	95	Cumm 2nd Visits	98

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	4	\$ 40.00
2 Positive Pregnancy Test	\$ 10.00	4	\$ 40.00
3 Negative Pregnancy Test	\$ 10.00	-	\$ -
4 Abstinence Education	\$ 30.00	-	\$ -
5 Counseling	\$ 40.00	7	\$ 280.00
6 Referral Services	\$ 10.00	6	\$ 60.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	4	\$ 120.00
9 On-going Care	\$ 30.00	3	\$ 90.00
10 Family Support Services	\$ 40.00	-	\$ -
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	1	\$ 40.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		29	\$ 670.00

Amount Due \$ **670.00**



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
5/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 144099	LCP CHECKING xxxxxx6649	\$670.00

Tracking ID: 144099

Total Amount: \$670.00

Created: 05/09/2018 9:37 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 05/09/2018 9:38 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 5/9/2018

Effective: 5/10/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$670.00	XXXXX21274	Checking	XXXXX0137	

Addenda: Access Catholic-April 2018

APPROVAL(S):

1 DOROTHY WALLIS

67



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
5/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 144100	LCP CHECKING xxxxxx6649	\$3,080.00

Tracking ID: 144100

Total Amount: \$3,080.00

Created: 05/09/2018 9:39 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 05/09/2018 9:39 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 5/9/2018

Effective: 5/10/2018

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$3,080.00	XXXX176	Checking	XXXXX5459	

Addenda: Restoration-April 2018

APPROVAL(S):

1 DOROTHY WALLIS

70

SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month	96	Cumm 2nd Visits Last Month	64
Number of New Participants for This Month	14	New 2nd Visits	-
Cummulative Participants	110	Cumm 2nd Visits	64

REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	14	\$ 140.00
2 Positive Pregnancy Test	\$ 10.00	6	\$ 60.00
3 Negative Pregnancy Test	\$ 10.00	8	\$ 80.00
4 Abstinence Education	\$ 30.00	8	\$ 240.00
5 Counseling	\$ 40.00	7	\$ 280.00
6 Referral Services	\$ 10.00	8	\$ 80.00
7 Health Risk Assessment	\$ 30.00	-	\$ -
8 Care Plan Care	\$ 30.00	6	\$ 180.00
9 On-going Care	\$ 30.00	2	\$ 60.00
10 Family Support Services	\$ 40.00	6	\$ 240.00
11 Home Outreach Support Services	\$ 75.00	1	\$ 75.00
12 Birth Outcome Confirmation	\$ 40.00	3	\$ 120.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		69	\$ 1,555.00

Amount Due \$ 1,555.00



Louisiana



HMO Louisiana

SOUTHERN NATIONAL
LIFE INSURANCE COMPANY, INC.

Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814Group ID: 27A61ERC
Subgroup ID: 0000Due Date: 04/15/2018
Billing Date: 04/02/2018Invoice Period From : 04/15/2018
Invoice Period Through: 05/14/2018
Invoice Number : 180930002123

Subscriber Count: 2

Outstanding Balance..... \$0.00

Premiums This Period..... ~~\$2,217.29~~ 924.08

Member Adjustments..... \$0.00

Fees and Other Adjustments..... \$0.00

Current Billed Amount..... ~~\$2,217.29~~ 924.08

Please Pay Total Amount Due

~~\$2,217.29~~

04BA0028 R02/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ⇨

RETURN THIS PORTION WITH YOUR PAYMENT

PLEASE DO NOT SEND CASH. DO NOT FOLD, BEND, STAPLE OR PAPER CLIP THIS NOTICE OR YOUR CHECK

For change of address, please contact your Blue Cross Representative.

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS
3813 N. FLANNERY RD
BATON ROUGE, LA 70814

Payment Coupon

Payment Due Date: 04/15/2018

Amount Due: \$2,217.29

Amount Enclosed: 924.08

Group ID: 27A61ERC
Subgroup ID: 0000

Invoice Number : 180930002123

LCP Budget to reimburse CTLM = \$250.00 for month
Blue Cross and Blue Shield of Louisiana - Group Payments

P.O. Box 650007

Dallas, TX 75265-0007

180930002123 0000221729 041518 27A61ERC 0000 7

Group Name: CARING TO LOVE MINISTRIES
 Group ID: 27A61ERC
 Subgroup ID: 0000
 Due Date: 04/15/2018

► A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Harden, Kim A	202227628	PPO	\$0.00	\$1,293.31	0	\$1,293.31
Wallis, Dorothy T	200579064	PPO	\$0.00	\$924.08	0	\$924.08
Totals						\$2,217.29

SECTION I Indirect Cost-Insurance

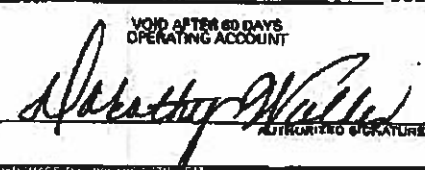
LCP Budget to reimburse CTLM = \$250.00 for month

Transactions Details

Posting Date	04/17/2018
Transaction Date	04/17/2018
Description	DDA CHECK 0000017920
Transaction Type	Debit
T/C	0075
Amount	\$924.08
Balance	\$13,224.50

Front

Back

CARING TO LOVE MINISTRIES OPERATING ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (825) 273-1124		HANCOCK WHITNEY BATON ROUGE, LOUISIANA 84-15654	17920 4/13/18
PAY TO THE ORDER OF <u>Blue Cross Blue Shield</u>		\$ <u>924.08</u>	DOLLARS
Nine Hundred Twenty-Four and 08/100			
Blue Cross Blue Shield P.O. Box 850007 Dallas, TX 75265		VOID AFTER 60 DAYS OPERATING ACCOUNT  AUTHORIZED SIGNATURE	
MEMO Group ID 27A81ERC Subgroup 0000 4/15/18-5/14/			
⑆017920⑆ ⑆065400153⑆			

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

Jeanine M. LeBlanc

From: Jeanine M. LeBlanc
Sent: Wednesday, May 30, 2018 10:08 AM
To: 'Dorothy Wallis'
Subject: 2000224936 CtLM April 2018 invoice info needed

I have reviewed your April 2018 invoice and the following information is need by Tuesday, June 5, 2018:

- A copy of the original signed April 2018 KNOWforSURE bill or a copy of the signed agreement ✓
- A copy of the original signed April Randy Rice April 2018 bill ✓
- A copy of the signed agreement with Turn Key Solutions
- A copy of the original signed April J Ham Enterprises bill ✓

Thank you

Jeanine LeBlanc

Jeanine LeBlanc
ES Program Consultant
Dept. Children and Family Services
627 North Fourth Street, 5-321
Baton Rouge, LA 70802
Jeanine.LeBlanc@la.gov
Office 225-342-5417
Fax 225-342-2536

Jeanine M. LeBlanc

From: Dorothy Wallis <dwallis@ctlm.org>
Sent: Friday, June 01, 2018 10:20 PM
To: Jeanine M. LeBlanc
Cc: Dorothy Wallis
Subject: 2000224936 CtLM April 2018 requested invoices included
Attachments: RE: Business Direct access needed; Fwd: La Life Choice Advertising & PR Invoices signed ; Know for Sure 7-1-17 to 6-31-18.pdf; Fwd: Corrected April LCP invoice

Hello Ms. Le Blanc,

Thank you for the opportunity to confirm our invoices originate from the contractors. When you spread out the attachments from AT&T, Randy Rice, Jennifer Hamm corrected April Invoice and Turnkey Solutions, we believe you will find these emailed invoices acceptable.

Concerning the Know for Sure contract. Since the inception of the Life Choice Project in October 2002 Caring to Love Ministries (CTLM) as the administrator of the grant award has facilitated the management of contractual services for the Know for Sure crisis phone line via the Care Pregnancy Clinic. Initially we investigated the cost to content for these services with a local provider and findings indicated a minimum of \$2500.00 a month due to the volume of our calls and nature of the callers.

On average, we are managing the program with \$10,500.00 a year, despite the number of actual calls received. Over the years, under this service a number of individuals were hired to operate the crisis phone line for full 24/7 coverage. The state management personnel has been aware of how this service has operated independently. The cost associated with the crisis phone line includes personnel, phone supplies and data plans, etc. at \$875.00 monthly. Should the state prefer that the cost be reported in another manner CTLM would be pleased to comply.

Please confirm receipt of this email and if you have any questions feel free to call.

Best,

Loving Life,

Dorothy Wallis, M.Div.
President & CEO


225-215-0004 off
225-273-5931 fax

DO NOT read, copy or disseminate this communication unless you re the intended addressee. This communication may contain information that is privileged, confidential and exempt from disclosure under the applicable law. If you are not the intended recipient, you are on notice that any unauthorized disclosure, copying, distribution, or the taking of any action in reliance on the contents of the electronically transmitted materials is prohibited. Please notify immediately the sender via EMAIL that you have received this communication in error.

From: Jeanine M. LeBlanc [<mailto:Jeanine.LeBlanc.DCFS@LA.GOV>]
Sent: Wednesday, May 30, 2018 10:08 AM
To: Dorothy Wallis <dwallis@ctlm.org>
Subject: 2000224936 CtLM April 2018 invoice info needed

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- A copy of the original signed April Randy Rice April 2018 bill
- A copy of the signed agreement with Turn Key Solutions
- A copy of the original signed April J Ham Enterprises bill

Jeanine M. LeBlanc

From: Jeanine M. LeBlanc
Sent: Monday, June 11, 2018 3:01 PM
To: 'Dorothy Wallis'
Subject: RE: 2000224936 CtLM April 2018 requested invoices included

Ms. Wallis:

I do not see the Turnkey Solutions agreement. Can you please send it?

Thank you.

j

From: Dorothy Wallis [<mailto:dwallis@ctlm.org>]
Sent: Friday, June 01, 2018 10:20 PM
To: Jeanine M. LeBlanc
Cc: Dorothy Wallis
Subject: 2000224936 CtLM April 2018 requested invoices included

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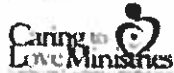
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Jeanine M. LeBlanc

From: Jeanine M. LeBlanc
Sent: Wednesday, June 27, 2018 10:50 AM
To: 'luv@ctlm.org'; 'Dorothy Wallis'
Subject: 2000224936 CtL March supplement and April invoice
Attachments: image2018-06-27-103532.zip

Attached are copies of your March 2018 supplement and your April 2018 invoice.

No adjustments were made to the March 2018 supplement.

\$.01 was disallowed from April 2018 Clerical Support worker's comp ($\$1,600.00 \times 2.36843\% = \37.89 , not \$37.90)

Please let me know if you have any questions.

Jeanine LeBlanc

Jeanine LeBlanc
ES Program Consultant
Dept. Children and Family Services
627 North Fourth Street, 5-321
Baton Rouge, LA 70802
Jeanine.LeBlanc@la.gov
Office 225-342-5417
Fax 225-342-2536